WEST VIRGINIA Department of Health & Human Resources

West Virginia Electronic Health Records (EHR) Provider Incentive Program (PIP) For Eligible Hospitals Attestation Guide

Date of Publication: 08.19.11

Document Version: 1.1

Privacy Rules

The Health Insurance Portability and Accountability Act of 1996 (HIPAA – Public Law 104-191) and the HIPAA Privacy Final Rule[1] and the American Recovery and Reinvestment Act (ARRA) of 2009 provides protection for personal health information.

Protected health information (PHI) includes any health information and confidential information, whether verbal, written, or electronic, created, received, or maintained by Molina Healthcare. It is health care data plus identifying information that would allow the data to tie the medical information to a particular person. PHI relates to the past, present, and future physical or mental health of any individual or recipient; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. Claims data, prior authorization information, and attachments such as medical records and consent forms are all PHI.

[1] 45 CFR Parts 160 and 164, Standards for Privacy of Individually Identifiable Health Information; Final Rule

Revision History

Version	Date	Author	Action/Summary of Changes	Status
1.0	7-28-2011	Karla Battle	First Draft	Active
1.1	8.19.11	Gretchen McDermott	Removed Draft	
1.2	9.26.11	Karla Battle	Removed range constraints	

Table of Contents

Privacy Rules **2**
Revision History **3**
Table of Contents **4**
Table of Figures and Tables **6**
1. Introduction **8**
1.1 Registering with CMS 9
2. Information Needed **10**
2.1 Eligible Hospital Attestation Workbook - Overview 10
2.2 Eligible Hospital Attestation Workbook – Provider Information 13
2.3 Eligible Hospital Attestation Workbook – Cost Report Selection Information 16
2.4 Eligible Hospital Attestation Workbook – Medicaid Volume Information 17
2.5 Eligible Hospital Attestation Workbook –EHR Certification Information 21
3. Required Supporting Documentation **24**
4. Selecting Cost Reports **25**
5. Obtaining an West Virginia Medicaid Management Information System (WVMMIS)Login **26**
6. Enrolling in WV Medicaid **27**
7. Finding EMR Certification Number **28**
8. System Requirements **29**
9. Navigation **30**
9.1 Breadcrumbs 30
9.2 Use of the Navigation Features 30
9.2.1 Help Link 30
9.2.2 WV EHR Incentive Program Account Hyperlink 31
9.2.3 Back to WV MMIS Portal link 31
9.2.4 Home Tab 31
9.2.5 Registration Tab 32
9.2.6 Attestation Tab 33
9.2.7 The Standard Buttons. 34
10. Using the WV EHR Incentive Program application **36**
10.1 Pre-eligibility Check on Receipt of CMS Registration ID 37
10.2 Login 38
10.2.1 Starting WV EHR Incentive Program application 39
10.3 Register 41
10.3.1 Registration – Add Option 44
10.3.2 Registration – Select Option 46
10.3.3 Registration – Remove Option 46
10.4 Attestation 47

10.4.1 Attestation Eligibility 52
10.4.2 Payment Amount 54
10.4.3 Attestation Payment Schedule 58
10.4.4 Attestation Adopt, Implement, Use Certified EMR system 62
10.5 Submit Attestation and payment status 63
11. References 66
12. Status Grid 67
13. Successful Registration with CMS Email 68
14. Submitted Attestation Email 69
15. Error Occurred when Processing Registration– Provider Not found Email 70
16. Error Occurred While Processing Registration – Medicaid Enrollment failed Email 71
17. Attestation Error – Medicaid Claims count failed Email 72
18. Attestation Accepted Email 73
19. Attestation Payment Denied Email 74
20. Attestation Payment Denied – Pay Hold found 75
21. Attestation Paid Email 76
22. Attestation Excluded from Payment Email 77
23. Attestation Rejected Email 78

Table of Figures and Tables

Figure 1 – Eligible Hospital Incentive Payment Worksheet – Overview Example 10
Figure 2 - Eligible Hospital Workbook for Incentive Payment - Overview 12
Figure 3 - Hospital EHR Incentive Workbook - Provider Information Example 13
Figure 4 - Hospital EHR Incentive Workbook - Provider Information (Questions 1-6) 14
Figure 5 - Hospital EHR Incentive Workbook - Provider Information (Questions 7-10) 15
Figure 6 – Hospital EHR Incentive Workbook - Cost Report Selection Information 16
Figure 7 – Hospital EHR Incentive Workbook - Medicaid Volume Information Example 17
Figure 8 – Hospital Provider EHR Incentive Workbook - Medicaid Volume Information (Questions 1-2) 18
Figure 9 – Hospital Provider EHR Incentive Workbook - Medicaid Volume Information (Questions 3-4) 19
Figure 10 - Hospital EHR Incentive Workbook - Medicaid Volume Information (Questions 5-14) 20
Figure 11 - Hospital EHR Incentive Workbook - EHR Certification Information Example 21
Figure 12 – Hospital Provider EHR Incentive Workbook - EHR Certification Information Question 1-2 22
Figure 13 - Hospital Provider EHR Incentive Workbook - EHR Certification Information Question 3-4 23
Figure 14 CMS ONC Certified EHR Product Screen 28
Figure 15: Breadcrumbs Example 30
Figure 16 – Navigation Features Examples 30
Figure 17: Update Account Screen Example 31
Figure 18 – Home Screen Example 32
Figure 19 – Registration Select Example 33
Figure 20: Attestation Selection Example 34
Figure 21 – Workflow Diagram 37
Figure 22 – WV Login Screen Example 39
Figure 23: WV Welcome Page Example 40

Figure 24 – Provider Incentive About This Site Example 40
Figure 25 – Home Page Example 41
Figure 26: Registration tab Example 42
Figure 27- Registration Select and Add Example 43
Figure 28 – Add Registration Example 44
Figure 29: Registration Information Example 45
Figure 30: Registration Select Example 46
Figure 31: Registration Remove Example 46
Figure 32: Attestation Selection Example 49
Figure 33: Reason for Attestation Example 50
Figure 34: Verify Registration Information Example 51
Figure 35: Medicaid Volume Example 53
Figure 36: Payment Calculation Question 1 Example 55
Figure 37: Payment Calculation Question 2 Example 57
Figure 38: Payment Schedule Example 61
Figure 39: CMS EHR Entry Example 62
Figure 40: CMS EHR Buttons Example 62
Figure 41: Reason to Submit Attestation Example 64
Figure 42 – Submission Receipt Window Example 65
Figure 43: Attestation Status Grid Example 67

1. Introduction

The Electronic Health Records (EHR) Provider Incentive Payment (PIP) is a federal program offering financial support to assist eligible providers to adopt, implement, or upgrade certified EHR technology. The federal program defines the three options as follows.

- Adopt: to acquire and install a certified EHR technology,
- Implement: to train staff, deploy tools, exchange data,
- Upgrade: to expand functionality or interoperability

The program goals are to improve outcomes, facilitate access, simplify care, and reduce costs of health care nationwide by:

- Enhancing care coordination and patient safety
- Reducing paperwork and improving efficiencies
- Facilitating information sharing across providers, payers, and state lines
- Enabling communication of health information to authorized users through state Health Information Exchange (HIE) and the National Health Information Network (NHIN).

Incentives will be available through both Medicaid and Medicare. Eligible healthcare professionals will be required to choose between Medicaid and Medicare. Those in border counties should choose the state from which they will receive the incentive payments. Hospitals may be able to receive incentive payments for both programs. The Bureau for Medical Services (BMS) will administer the Medicaid EHR PIP program for West Virginia using an application called WV Medicaid EHR Incentive Program.

CMS' National Level Repository (NLR) system and WV Medicaid EHR Incentive Program share information on providers that participate in PIP. CMS NLR will collect both the national registrations for incentive payment as well as the attestations from Medicaid eligible providers while WV Medicaid EHR Incentive Program will collect attestations from providers seeking Medicaid incentive payments, validate eligibility, and process payments if eligible.

Participating in WV Medicaid EHR Incentive Program

To be eligible for the incentive program for WV Medicaid, a hospital must be either actively enrolled with Medicaid as an acute care hospital, (including critical access hospitals or cancer hospitals) or a Medicaid enrolled children's hospital. The Center for Medicare & Medicaid Services (CMS) has defined eligible hospitals for the Electronic Health Record Incentive program for Medicaid as follows:

- Acute care hospitals (including CAHs and cancer hospitals) with at least 10% Medicaid patient volume

- Children's hospitals (no Medicaid patient volume requirements)
- Have an average length of stay of 25 days or fewer; AND have a CMS Certification Number (CCN) that ends with a number between 0001-0879 or 1300-1399.To determine whether your hospital meets the certification requirements to have a CCN in these ranges, reference should be made to the certification or conditions of participation (see 42 CFR Part 482).

1.1 Registering with CMS

Prior to participating in the West Virginia EHR Incentive program, an eligible hospital first must be registered for the **EHR Incentive Program** within the National Level Repository(NLR) system to sign up for the program at the national level and must select either **"Medicaid" or "dual-eligible"** as its desired payment path and **"West Virginia"** as its assigned State for attestation. This will enable the National Level Repository (NLR) solution to notify the West Virginia EHR Incentive Payment application of the hospital's intent to attest for incentive payment in the state. Visit the National Level Repository (NLR) solution at https://ehrincentives.cms.gov/hitech/login.action to register.

Once the hospital has successfully registered for the West Virginia Medicaid EHR Incentive Program, they must complete the attestation for the year with the **WV EHR Incentive Payment** solution available by logging into the secure Medicaid Provider web portal www.wvmmis.com **after waiting at minimum 48 hours** for Incentive registration to be processed and be received by West Virginia from the federal system. Hospitals who do not have access to the web portal can request access via an online form at https://www.wvmmis.com/xjRegManage/tradingPartnerRegRight.screen

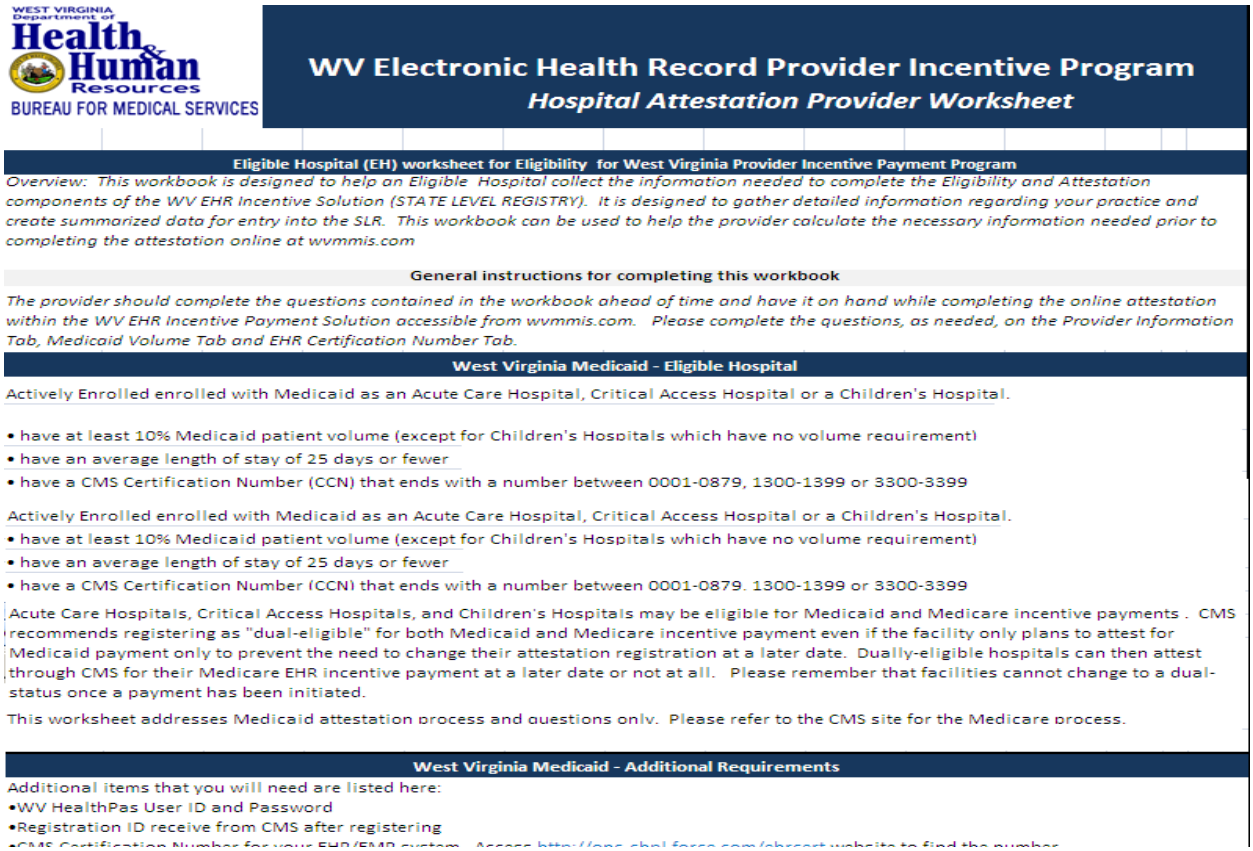
NOTE: If the hospital wishes to receive any of the attestation update e-mails from WV Medicaid, they must add their email address to the CMS registration information. The WV EHR Incentive Payment application continues to update this e-mail address, as the original address submitting the registration for the hospital, with any updates to the attestation's status as it is processed.

2. Information Needed

Before a hospital can begin to complete the EHR Incentive Program attestation process, the hospital administrative users will need to gather all of the information necessary to complete the attestation correctly. The West Virginia EHR Incentive program has created a workbook to guide the hospital or representative user through pulling the appropriate data needed to complete an attestation successfully. The workbook is available in PDF format. This workbook is also embedded within this User Manual in the immediate pages below as well as available on the wvmmis.com portal. The Hospital EHR Incentive Payment Worksheet provides the questions that CMS requires be completed for attestation and can be used to gather and calculate the necessary answers before logging into the WV EHR Incentive Payment online attestation application.

2.1 Eligible Hospital Attestation Workbook - Overview

Figure 1 – Eligible Hospital Incentive Payment Worksheet – Overview Example



WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

WV Electronic Health Record Provider Incentive Program
Hospital Attestation Provider Worksheet

Eligible Hospital (EH) worksheet for Eligibility for West Virginia Provider Incentive Payment Program

Overview: This workbook is designed to help an Eligible Hospital collect the information needed to complete the Eligibility and Attestation components of the WV EHR Incentive Solution (STATE LEVEL REGISTRY). It is designed to gather detailed information regarding your practice and create summarized data for entry into the SLR. This workbook can be used to help the provider calculate the necessary information needed prior to completing the attestation online at wvmmis.com

General instructions for completing this workbook

The provider should complete the questions contained in the workbook ahead of time and have it on hand while completing the online attestation within the WV EHR Incentive Payment Solution accessible from wvmmis.com. Please complete the questions, as needed, on the Provider Information Tab, Medicaid Volume Tab and EHR Certification Number Tab.

West Virginia Medicaid - Eligible Hospital

Actively Enrolled enrolled with Medicaid as an Acute Care Hospital, Critical Access Hospital or a Children's Hospital.

- have at least 10% Medicaid patient volume (except for Children's Hospitals which have no volume requirement)
- have an average length of stay of 25 days or fewer
- have a CMS Certification Number (CCN) that ends with a number between 0001-0879, 1300-1399 or 3300-3399

Actively Enrolled enrolled with Medicaid as an Acute Care Hospital, Critical Access Hospital or a Children's Hospital.

- have at least 10% Medicaid patient volume (except for Children's Hospitals which have no volume requirement)
- have an average length of stay of 25 days or fewer
- have a CMS Certification Number (CCN) that ends with a number between 0001-0879, 1300-1399 or 3300-3399

Acute Care Hospitals, Critical Access Hospitals, and Children's Hospitals may be eligible for Medicaid and Medicare incentive payments . CMS recommends registering as "dual-eligible" for both Medicaid and Medicare incentive payment even if the facility only plans to attest for Medicaid payment only to prevent the need to change their attestation registration at a later date. Dually-eligible hospitals can then attest through CMS for their Medicare EHR incentive payment at a later date or not at all. Please remember that facilities cannot change to a dual-status once a payment has been initiated.

This worksheet addresses Medicaid attestation process and questions only. Please refer to the CMS site for the Medicare process.

West Virginia Medicaid - Additional Requirements

Additional items that you will need are listed here:
- WV HealthPas User ID and Password
- Registration ID receive from CMS after registering
- CMS Certification Number for your EHR/EMR system. Access http://ons.chpl.force.com/ehrcert website to find the number

The first and second pages of the workbook describe the eligibility requirements for the hospital provider and web requirements for utilizing the WV EHR Incentive payment attestation application.

As indicated below, the screenshot shows the full details of this workbook page for reference by the hospital provider representative to assist in completing the annual attestation.

Figure 2 - Eligible Hospital Workbook for Incentive Payment - Overview

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

WV Electronic Health Record Provider Incentive Program

Hospital Attestation Provider Worksheet

Eligible Hospital (EH) worksheet for Eligibility for West Virginia Provider Incentive Payment Program

Overview: This workbook is designed to help and Eligible Hospital collect the information needed to complete the Eligibility and Attestation components of the WV EHR Incentive Solution (STATE LEVEL REGISTRY). It is designed to gather detailed information regarding your practice and create summarized data for entry into the SLR. This workbook can be used to help the provider calculate the necessary information needed prior to completing their attestation online at wvmmis.com

General instructions for completing this workbook

The provider should complete the questions contained in the workbook ahead of time and have it on hand while they complete their online attestation within the WV EHR Incentive Payment Solution accessible from wvmmis.com. Please complete the questions, as needed, on the Provider

West Virginia Medicaid - Eligible Hospital

Actively Enrolled enrolled with Medicaid as an Acute Care Hospital, Critical Access Hospital or a Children's Hospital.

- have at least 10% Medicaid patient volume (except for Children's Hospitals which have no volume requirement)
- have an average length of stay of 25 days or fewer;
- have a CMS Certification Number (CCN) that ends with a number between 0001-0879, 1300-1399 or 3300-3399

Acute Care Hospitals, Critical Access Hospitals and Children's Hospitals may be eligible for Medicaid and Medicare incentive payments . CMS recommends registering as "dual-eligible" for both Medicaid and Medicare incentive payment, even if the facility only plans to attest for Medicaid payment only to prevent the need to change their attestation registration at a later date. Dually-eligible hospitals can then attest through CMS for their Medicare EHR incentive payment at a later date or not at all. Please remember that facilities cannot change to a dual-status once a payment has been initiated.

This worksheet address Medicaid attestation process and questions only. Please refer to the CMS site for the Medicare process.

West Virginia Medicaid - Additional Requirements

Additional items that you will need are listed here.
- WV HealthPas User Id and Password - for the person who will be entering data
- Registration ID receive from CMS after registering
- CMS Certification Number for your EHR/EMR system. Access http://onc-chpl.force.com/ehrcert website to find the number.
- Have a reliable internet connection
- Web brower. Microsoft Internet Explorer version 7 or higher is recommended.

- It is highly recommended all documentation used is retained in case of audit.

2.2 Eligible Hospital Attestation Workbook – Provider Information

The third and fourth pages of the workbook request from the hospital provider the identification requirements, provider type/specialty requirements and enrollment requirements for the WV EHR Incentive payment attestation. Below shows an example of this worksheet page and the following pages display all questions and details on this tab for the hospital provider's representative to utilize.

Figure 3 - Hospital EHR Incentive Workbook - Provider Information Example

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

WV Electronic Health Record Provider Incentive Program
Hospital Attestation Provider Worksheet

Attesting Provider Information

#	Question	Response	Instructions to Complete
1	CMS NLR Registration Number		*Your CMS Registration number is used to identify your registration with CMS and match it up with your user id and NPI in the application.*
#	**Question**	**Response**	**Instructions to Complete**
2	Your facility NPI from your CMS registration record with the NLR		*Please use the NPI from your NLR Registration for the attesting provider*
#	**Question**	**Response**	**Instructions to Complete**
3	Your payee NPI from your CMS registration record with the NLR		*Please use the NPI from your NLR Registration*
#	**Question**	**Response**	**Instructions to Complete**
5	Are you an active Medicaid Provider with BMS currently?	YES OR NO	*If the facility answers "NO" please review your answers for the below questions 7 and 8 to review your potential eligibility constraints.*
#	**Question**	**Response**	**Instructions to Complete**
6	Medicaid Provider Enrollment: Are you currently enrolled as a BMS Medicaid provider with atleast ONE of the following provider types: Acute Care Hospital, Critical Access Hospital, Children's Hospital	YES OR NO	*The provider must be enrolled as one of the specified provider types in order to proceed with attestation with WV Medicaid.*

Figure 4 - Hospital EHR Incentive Workbook - Provider Information (Questions 1-6)

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

WV Electronic Health Record Provider Incentive Program

Hospital Attestation Provider Worksheet

Attesting Provider Information

#	Question	Response	Instructions to Complete
1	CMS NLR Registration Number		*Your CMS Registration number is used to identify your registration with CMS and match it up with your user id and NPI in the application.*
#	**Question**	**Response**	**Instructions to Complete**
2	Your facility NPI from your CMS registration record with the NLR		*Please use the NPI from your NLR Registration for the attesting provider*
#	**Question**	**Response**	**Instructions to Complete**
3	Your payee NPI from your CMS registration record with the NLR		*Please use the NPI from your NLR Registration*
#	**Question**	**Response**	**Instructions to Complete**
5	Are you an active Medicaid Provider with BMS currently?	YES OR NO	*If the facility answers "NO" please review your answers for the below questions 7 and 8 to review your potential eligibility constraints.*
#	**Question**	**Response**	**Instructions to Complete**
6	Medicaid Provider Enrollment: Are you currently enrolled as a BMS Medicaid provider with atleast ONE of the following provider types: Acute Care Hospital, Critical Access Hospital, Children's Hospital	YES OR NO	*The provider must be enrolled as one of the specified provider types in order to proceed with attestation with WV Medicaid.*

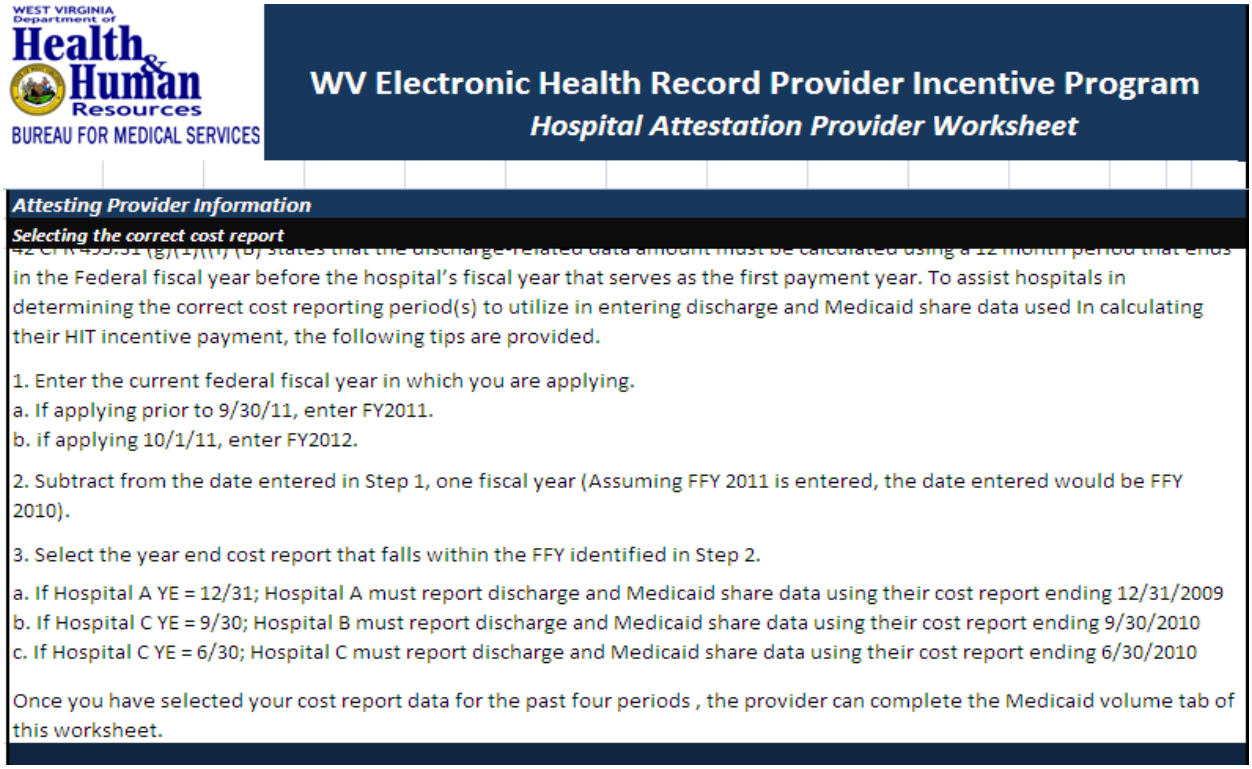
Figure 5 - Hospital EHR Incentive Workbook - Provider Information (Questions 7-10)

#	Question	Response	Instructions to Complete
7	Medicaid Provider Enrollment: If the facility is no longer currently enrolled as a BMS Medicaid provider with one or more of the above provider types (see Question 7), was the facility enrolled with Medicaid during the time period the facility intends to specify your Medicaid Patient Encounter Volume for attestation?	YES OR NO	*If the provider was not actively enrolled during the time the facility intends to utlize to attest to their Medicaid patient volume, the solution will not be able to validate the patient volume reported and will pend their attestation for local Medicaid review. Local review may be necessary to validate low volumes of encounters related to a high managed care patient participation or by the direct enrollment of the facility only with a managed*
#	Question	Response	Instructions to Complete
8	YEAR 1 - If you are no longer and actively enrolled Medicaid provider, have you been an active Medicaid Provider with BMS for any 90 day period over the last fiscal year?	YES OR NO	*If no, the provider is not eligible for provider incentive payment for this fiscal year and would need to re-enroll in Medicaid to continue to complete their attestation.*
#	Question	Response	Instructions to Complete
9	YEARS 2-6: If no, were you an active Medicaid Provider with BMS during the entire fiscal year last year in order to be eligible for MU demonstration during the full attestation period required by the regulations?	YES OR NO	*If no, the provider is not eligible for provider incentive payment for this fiscal year*
#	Question	Response	Instructions to Complete
10	Is your designated Pay to Provider in your Attestation worksheet an active Medicaid Provider with BMS?	YES OR NO	*their pay to provider as a provider that is an active Medicaid Provider with a current Pay to Affiliation within the MMIS. Providers who are not set up as potential pay to providers within the system will not be able to receive a payment from the system. Should the provider wish to add themselves as a possible pay to provider within the MMIS solution, he/she will need to contact Provider Services*

2.3 Eligible Hospital Attestation Workbook – Cost Report Selection Information

The fifth page of the workbook describes the mechanism for selecting the appropriate cost reports for documenting the necessary historical cost and volume data for the hospital in order to appropriately calculate the hospital's potential incentive payment for Medicaid.

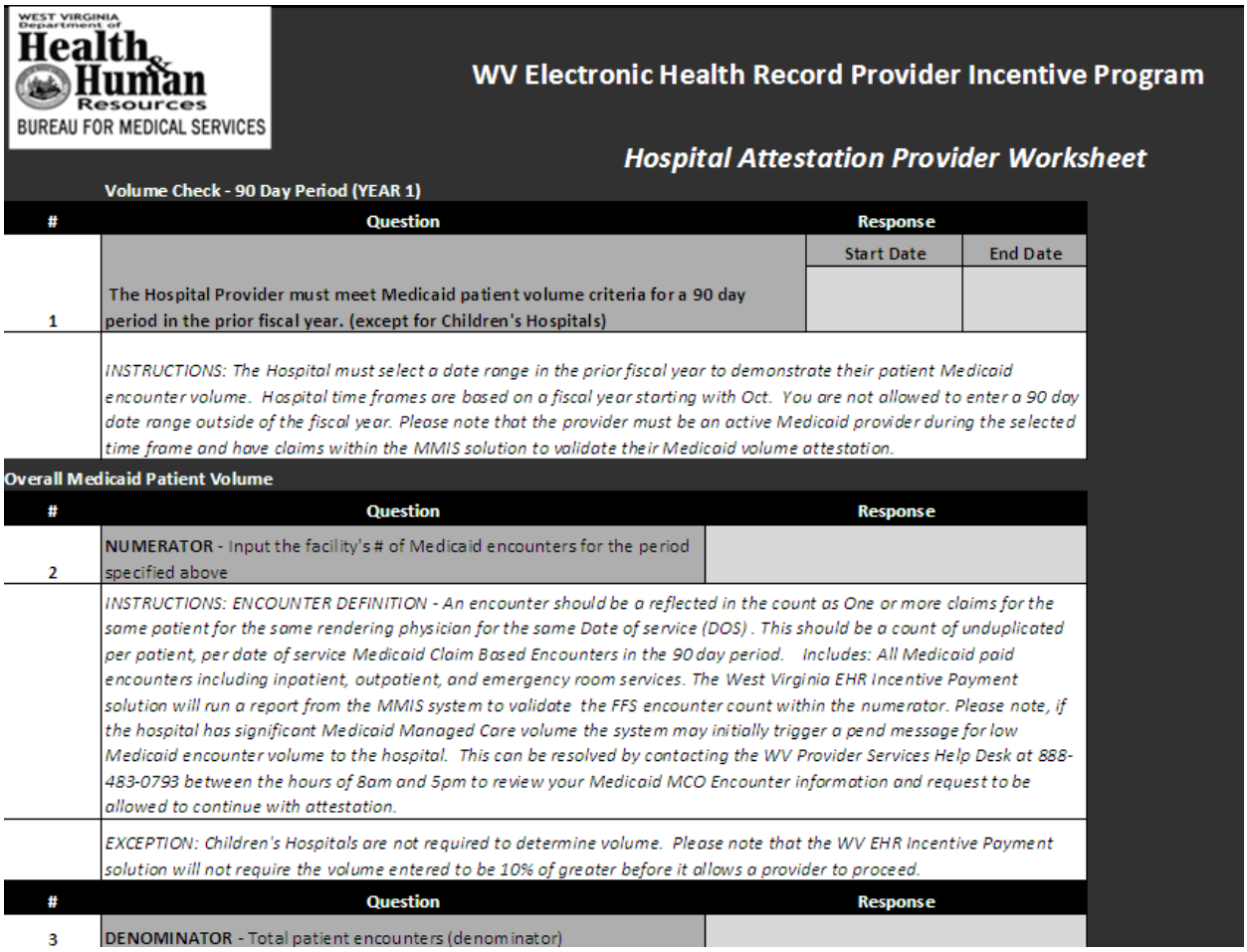
Figure 6 – Hospital EHR Incentive Workbook - Cost Report Selection Information


WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES
WV Electronic Health Record Provider Incentive Program
Hospital Attestation Provider Worksheet
Attesting Provider Information
Selecting the correct cost report
in the Federal fiscal year before the hospital's fiscal year that serves as the first payment year. To assist hospitals in determining the correct cost reporting period(s) to utilize in entering discharge and Medicaid share data used In calculating their HIT incentive payment, the following tips are provided.
1. Enter the current federal fiscal year in which you are applying.
a. If applying prior to 9/30/11, enter FY2011.
b. if applying 10/1/11, enter FY2012.
2. Subtract from the date entered in Step 1, one fiscal year (Assuming FFY 2011 is entered, the date entered would be FFY 2010).
3. Select the year end cost report that falls within the FFY identified in Step 2.
a. If Hospital A YE = 12/31; Hospital A must report discharge and Medicaid share data using their cost report ending 12/31/2009
b. If Hospital C YE = 9/30; Hospital B must report discharge and Medicaid share data using their cost report ending 9/30/2010
c. If Hospital C YE = 6/30; Hospital C must report discharge and Medicaid share data using their cost report ending 6/30/2010
Once you have selected your cost report data for the past four periods , the provider can complete the Medicaid volume tab of this worksheet.

2.4 Eligible Hospital Attestation Workbook – Medicaid Volume Information

The sixth, seventh, and eighth page of the workbook requests from the hospital provider the Medicaid Volume requirements for the WV EHR Incentive payment attestation. Below shows an example of this workbook page and the following pages display all questions and details on this tab for the hospital provider's representative to utilize.

Figure 7 – Hospital EHR Incentive Workbook - Medicaid Volume Information Example



WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

WV Electronic Health Record Provider Incentive Program

Hospital Attestation Provider Worksheet

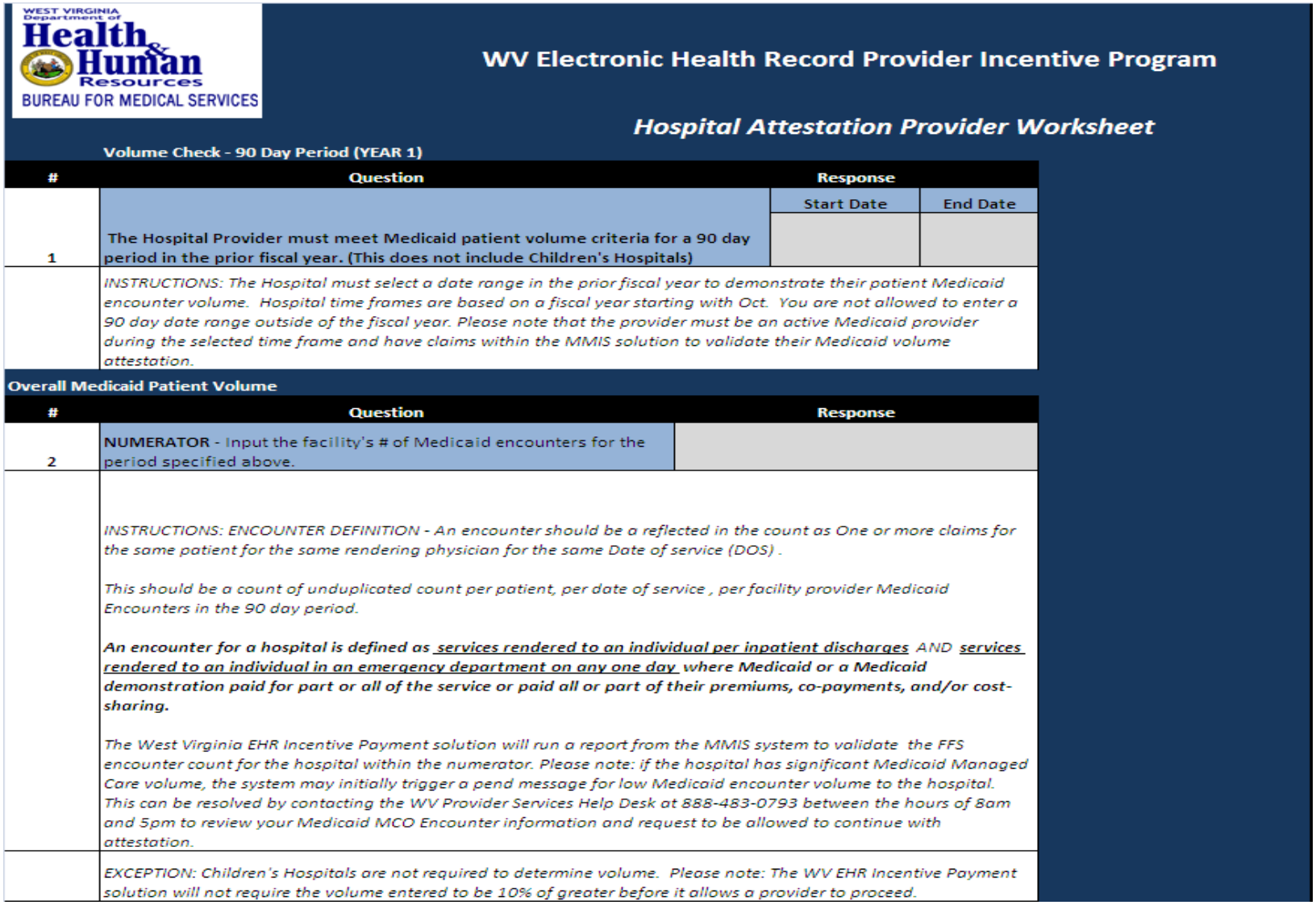
Volume Check - 90 Day Period (YEAR 1)

#	Question	Response	
		Start Date	End Date
1	The Hospital Provider must meet Medicaid patient volume criteria for a 90 day period in the prior fiscal year. (except for Children's Hospitals)		
	INSTRUCTIONS: The Hospital must select a date range in the prior fiscal year to demonstrate their patient Medicaid encounter volume. Hospital time frames are based on a fiscal year starting with Oct. You are not allowed to enter a 90 day date range outside of the fiscal year. Please note that the provider must be an active Medicaid provider during the selected time frame and have claims within the MMIS solution to validate their Medicaid volume attestation.		

Overall Medicaid Patient Volume

#	Question	Response
2	**NUMERATOR** - Input the facility's # of Medicaid encounters for the period specified above	
	INSTRUCTIONS: ENCOUNTER DEFINITION - An encounter should be a reflected in the count as One or more claims for the same patient for the same rendering physician for the same Date of service (DOS) . This should be a count of unduplicated per patient, per date of service Medicaid Claim Based Encounters in the 90 day period. Includes: All Medicaid paid encounters including inpatient, outpatient, and emergency room services. The West Virginia EHR Incentive Payment solution will run a report from the MMIS system to validate the FFS encounter count within the numerator. Please note, if the hospital has significant Medicaid Managed Care volume the system may initially trigger a pend message for low Medicaid encounter volume to the hospital. This can be resolved by contacting the WV Provider Services Help Desk at 888-483-0793 between the hours of 8am and 5pm to review your Medicaid MCO Encounter information and request to be allowed to continue with attestation.	
	EXCEPTION: Children's Hospitals are not required to determine volume. Please note that the WV EHR Incentive Payment solution will not require the volume entered to be 10% of greater before it allows a provider to proceed.	
#	Question	Response
3	**DENOMINATOR** - Total patient encounters (denominator)	

Figure 8 – Hospital Provider EHR Incentive Workbook - Medicaid Volume Information (Questions 1-2)



WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

WV Electronic Health Record Provider Incentive Program

Hospital Attestation Provider Worksheet

Volume Check - 90 Day Period (YEAR 1)

#	Question	Response	
		Start Date	End Date
1	The Hospital Provider must meet Medicaid patient volume criteria for a 90 day period in the prior fiscal year. (This does not include Children's Hospitals)		
	INSTRUCTIONS: The Hospital must select a date range in the prior fiscal year to demonstrate their patient Medicaid encounter volume. Hospital time frames are based on a fiscal year starting with Oct. You are not allowed to enter a 90 day date range outside of the fiscal year. Please note that the provider must be an active Medicaid provider during the selected time frame and have claims within the MMIS solution to validate their Medicaid volume attestation.		

Overall Medicaid Patient Volume

#	Question	Response
2	**NUMERATOR** - Input the facility's # of Medicaid encounters for the period specified above.	
	INSTRUCTIONS: ENCOUNTER DEFINITION - An encounter should be a reflected in the count as One or more claims for the same patient for the same rendering physician for the same Date of service (DOS) . *This should be a count of unduplicated count per patient, per date of service , per facility provider Medicaid Encounters in the 90 day period.* ***An encounter for a hospital is defined as services rendered to an individual per inpatient discharges** AND **services rendered to an individual in an emergency department on any one day** where Medicaid or a Medicaid demonstration paid for part or all of the service or paid all or part of their premiums, co-payments, and/or cost-sharing.* *The West Virginia EHR Incentive Payment solution will run a report from the MMIS system to validate the FFS encounter count for the hospital within the numerator. Please note: if the hospital has significant Medicaid Managed Care volume, the system may initially trigger a pend message for low Medicaid encounter volume to the hospital. This can be resolved by contacting the WV Provider Services Help Desk at 888-483-0793 between the hours of 8am and 5pm to review your Medicaid MCO Encounter information and request to be allowed to continue with attestation.*	
	EXCEPTION: Children's Hospitals are not required to determine volume. Please note: The WV EHR Incentive Payment solution will not require the volume entered to be 10% of greater before it allows a provider to proceed.	

Figure 9 – Hospital Provider EHR Incentive Workbook - Medicaid Volume Information (Questions 3-4)

#	Question	Response
3	**DENOMINATOR** - Total patient encounters (denominator)	
	INSTRUCTIONS: This should be a report from the Practice Management System (PMS) that supports the total number of encounters the provider had for the period defined above. This should be an count of patient encounter services per patient, per date of service, per provider facility regardless of payer source. The count of total patient encounters must be uploaded into the completed registration/attestation submission screen of the West Virginia EHR Incentive Solution.	

Hospital EHR Payment Calculation Data

The data that is entered into the WV EHR Incentive Payment solution using this section of the workbook is used by the system to calculate the total payment for the facility. For details on how this calculation is made, please review the CMS Tip Sheet on Medicaid Hospital Payment Calculation at **https://www.cms.gov/MLNProducts/downloads/Medicaid_Hosp_Incentive_Payments_Tip_Sheets.pdf.** Please be sure to check your data carefully and retain the appropriate record to support an audit of these figures.

Selecting the Facilities Most Recent Cost Report for Determining Hospital Growth Percentage

#	Question	YEAR Response
4	Select your facility's most recent year of available discharge data to determine your average annual growth percentage	2010
	INSTRUCTIONS- 42 CFR 495.31 (g)(1)((i) (B) states that the discharge-related data amount must be calculated using a 12 month period that ends in the Federal fiscal year before the hospital's fiscal year that serves as the first payment year. To assist hospitals in determining the correct cost reporting period(s) to utilize in entering discharge and Medicaid share data used In calculating their HIT incentive payment, the following reference is provided. *1. Enter the current federal fiscal year in which you are applying (If applying prior to 9/30/11 enter FY2011: if applying 10/1/11 enter FY2012)* *2. Subtract from the date entered in Step 1, one fiscal year (Assuming FFY 2011 is entered, the date entered would be FFY 2010)*	

Figure 10 - Hospital EHR Incentive Workbook - Medicaid Volume Information (Questions 5-14)

Average Annual Growth Rate - Calculated using the total hospital discharge Information for a recent, prior 4 year period.

DEFINITION: The growth percentage is used in calcuating your potential incentive payment. The fiscal year is calculated using the recent year entered above. Using the discharge data selected for the four years preceeding your most recent year of discharge data, the system will calculate the facility's growth percentage average as it is entered into the WV EHR Incentive Solution.

#	Question	Year	Total # of Discharges
5	Total Number of discharges for selected Year	2010	
6	Total Number of discharges for 1 year prior to selected year	2009	
7	Total Number of discharges for 2 years prior to selected year	2008	
8	Total Number of discharges for 3 years prior to selected year	2007	

Discharge and Bed days

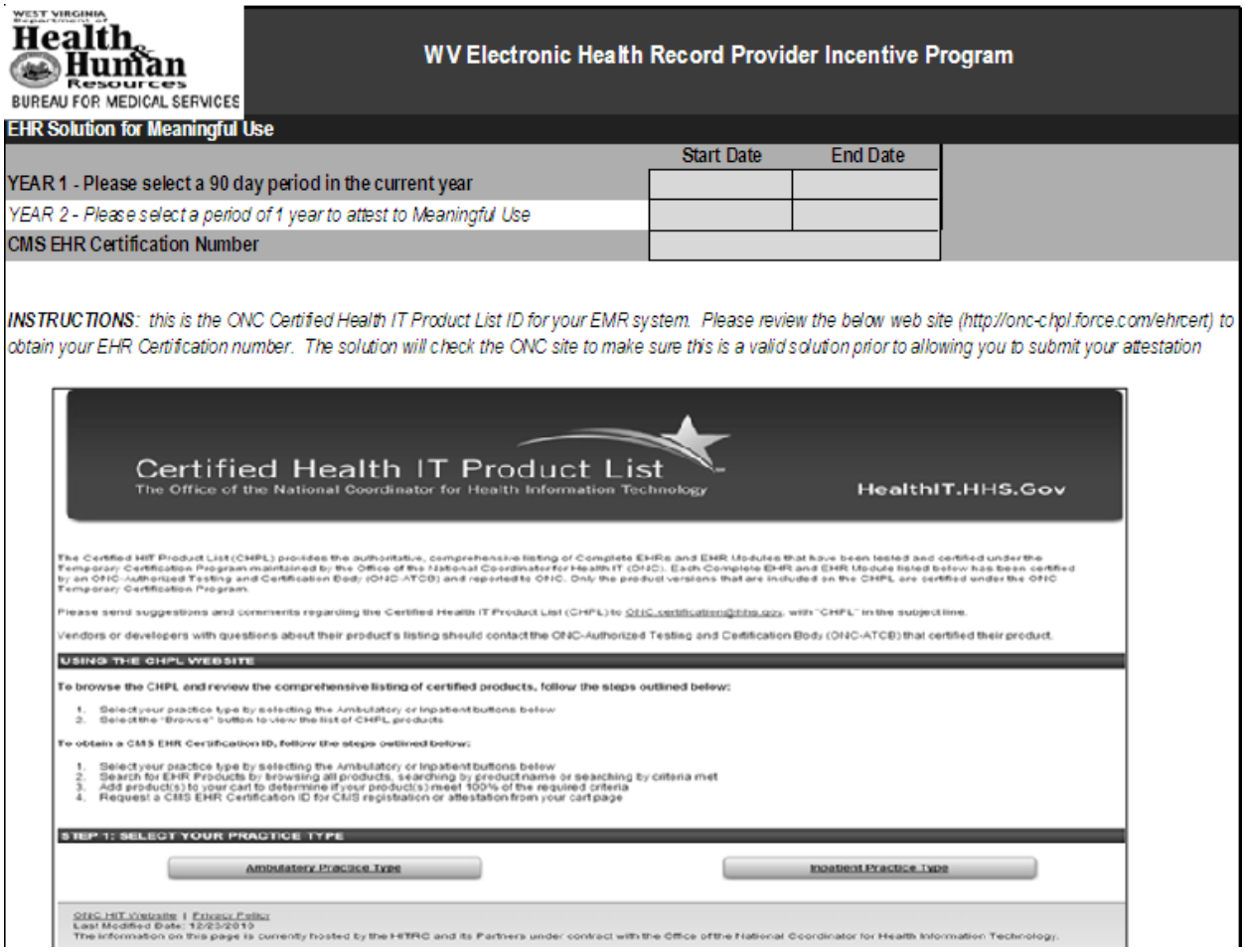
The payment calculation need the information from the cost reports. Please provide the following numbers for cost report found.

#	Payment Calculation Item	Value	Location on Cost Report
9	Total # of Hospital Discharges for most recent fiscal year		<insert>
10	Total # of Inpatient bed days for most recent fiscal year		<insert>
11	Total # of Medicaid Inpatient bed days for most recent fiscal year		<insert>
12	Total # of Medicaid managed care inpatient bed days for most recent fiscal year		<insert>
13	Total # of hospital charges for most recent fiscal year		<insert>
14	Total # of Charity care charges for most recent fiscal year		<insert>

2.5 Eligible Hospital Attestation Workbook –EHR Certification Information

The ninth, tenth, and eleventh pages of the workbook outlines the EHR Certification information requirements for the WV EHR Incentive payment attestation. This also informs the user where to find the EHR Certification number for the EMR system the facility is attesting to using, implementing or upgrading. Below shows an example of this workbook page and the following pages display all questions and details for the hospital provider's representative to utilize.

Figure 11 - Hospital EHR Incentive Workbook - EHR Certification Information Example



WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

WV Electronic Health Record Provider Incentive Program

EHR Solution for Meaningful Use

	Start Date	End Date
YEAR 1 - Please select a 90 day period in the current year		
YEAR 2 - Please select a period of 1 year to attest to Meaningful Use		
CMS EHR Certification Number		

***INSTRUCTIONS**: this is the ONC Certified Health IT Product List ID for your EMR system. Please review the below web site (http://onc-chpl.force.com/ehrcert) to obtain your EHR Certification number. The solution will check the ONC site to make sure this is a valid solution prior to allowing you to submit your attestation*

Certified Health IT Product List
The Office of the National Coordinator for Health Information Technology
HealthIT.HHS.Gov

The Certified HIT Product List (CHPL) provides the authoritative, comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC). Each Complete EHR and EHR Module listed below has been certified by an ONC-Authorized Testing and Certification Body (ONC-ATCB) and reported to ONC. Only the product versions that are included on the CHPL are certified under the ONC Temporary Certification Program.

Please send suggestions and comments regarding the Certified Health IT Product List (CHPL) to ONC.certification@hhs.gov, with "CHPL" in the subject line.

Vendors or developers with questions about their product's listing should contact the ONC-Authorized Testing and Certification Body (ONC-ATCB) that certified their product.

USING THE CHPL WEBSITE

To browse the CHPL and review the comprehensive listing of certified products, follow the steps outlined below:

1. Select your practice type by selecting the Ambulatory or Inpatient buttons below
2. Select the "Browse" button to view the list of CHPL products

To obtain a CMS EHR Certification ID, follow the steps outlined below:

1. Select your practice type by selecting the Ambulatory or Inpatient buttons below
2. Search for EHR Products by browsing all products, searching by product name or searching by criteria met
3. Add product(s) to your cart to determine if your product(s) meet 100% of the required criteria
4. Request a CMS EHR Certification ID for CMS registration or attestation from your cart page

STEP 1: SELECT YOUR PRACTICE TYPE

Ambulatory Practice Type | Inpatient Practice Type

ONC HIT Website | Privacy Policy
Last Modified Date: 12/23/2013
The information on this page is currently hosted by the HITRC and its Partners under contract with the Office of the National Coordinator for Health Information Technology.

Figure 12 – Hospital Provider EHR Incentive Workbook - EHR Certification Information Question 1-2

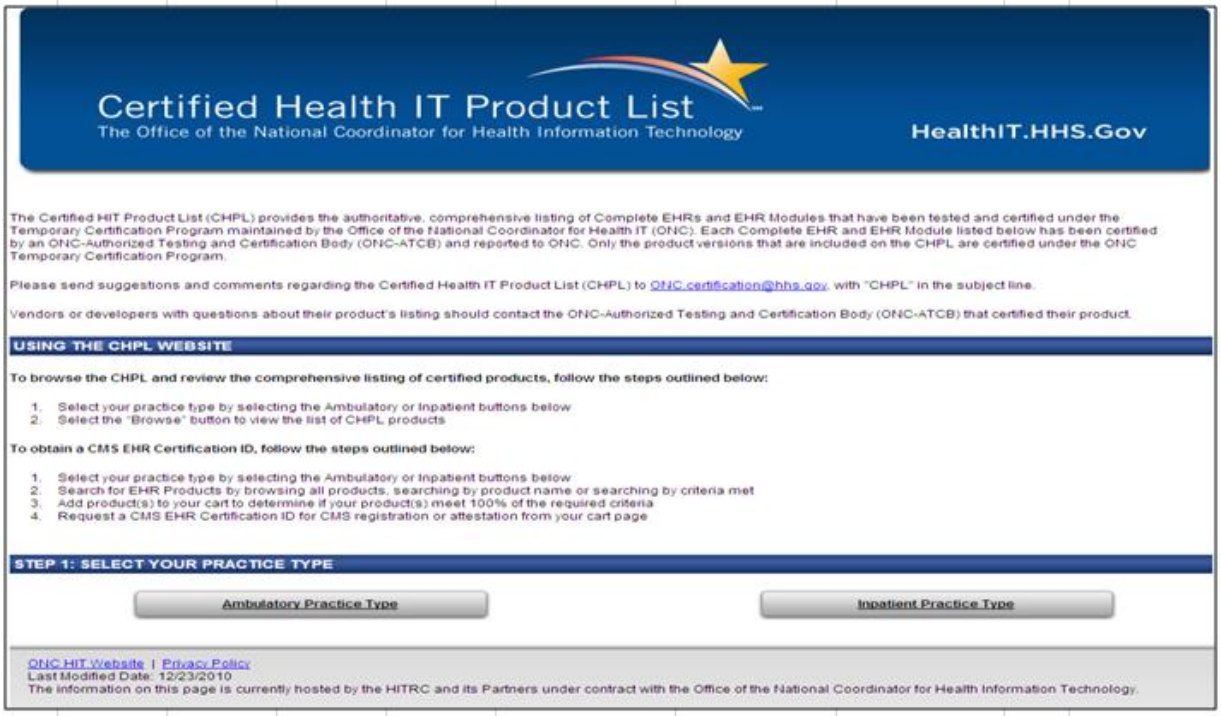
WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

WV Electronic Health Record Provider Incentive Program

EHR Solution for Meaningful Use

	Start Date	End Date
YEAR 1 - Please select a 90 day period in the current year		
YEAR 2 - Please select a period of 1 year to attest to Meaningful Use		
CMS EHR Certification Number		

INSTRUCTIONS: *this is the ONC Certified Health IT Product List ID for your EMR system. Please review the below web site (http://onc-chpl.force.com/ehrcert) to obtain your EHR Certification number. The solution will check the ONC site to make sure this is a valid solution prior to allowing you to submit your attestation*



Certified Health IT Product List
The Office of the National Coordinator for Health Information Technology
HealthIT.HHS.Gov

The Certified HIT Product List (CHPL) provides the authoritative, comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC). Each Complete EHR and EHR Module listed below has been certified by an ONC-Authorized Testing and Certification Body (ONC-ATCB) and reported to ONC. Only the product versions that are included on the CHPL are certified under the ONC Temporary Certification Program.

Please send suggestions and comments regarding the Certified Health IT Product List (CHPL) to ONC.certification@hhs.gov, with "CHPL" in the subject line.

Vendors or developers with questions about their product's listing should contact the ONC-Authorized Testing and Certification Body (ONC-ATCB) that certified their product.

USING THE CHPL WEBSITE

To browse the CHPL and review the comprehensive listing of certified products, follow the steps outlined below:

1. Select your practice type by selecting the Ambulatory or Inpatient buttons below
2. Select the "Browse" button to view the list of CHPL products

To obtain a CMS EHR Certification ID, follow the steps outlined below:

1. Select your practice type by selecting the Ambulatory or Inpatient buttons below
2. Search for EHR Products by browsing all products, searching by product name or searching by criteria met
3. Add product(s) to your cart to determine if your product(s) meet 100% of the required criteria
4. Request a CMS EHR Certification ID for CMS registration or attestation from your cart page

STEP 1: SELECT YOUR PRACTICE TYPE

Ambulatory Practice Type | Inpatient Practice Type

ONC HIT Website | Privacy Policy
Last Modified Date: 12/23/2010
The information on this page is currently hosted by the HITRC and its Partners under contract with the Office of the National Coordinator for Health Information Technology.

Figure 13 - Hospital Provider EHR Incentive Workbook - EHR Certification Information Question 3-4

Adopt/Implement/Upgrade & Meaningful Use Status

Only in the first year of participation, and only in the Medicaid EHR Incentive Program, eligible professionals (EPs) and eligible hospitals can receive incentive payments through an option called "adopt, implement, or upgrade," commonly known as "AIU." The AIU option is offered in recognition of EPs and hospitals that may not be ready to "meaningfully use" certified EHR technology in the first payment year, and additionally, may require initial up-front resources to "adopt, implement, or upgrade" the certified EHR technology required to participate in the program.

Briefly, the EHR final rule and regulations define AIU as follows:

Adopt: To "acquire, purchase, or secure access to certified EHR technology."

There is evidence that a provider demonstrated actual installation prior to the incentive, rather than "efforts" to install. We stated that this evidence would serve to differentiate between activities that may not result in installation (for example, researching EHRs or interviewing EHR vendors) and actual purchase/acquisition or installation. Acquisition or purchase does not necessarily mean the certified EHR technology is installed and functioning.

Implementation: To "install or commence utilization of certified EHR technology."

The provider has installed certified EHR technology and has started using the certified EHR technology in his or her clinical practice. Implementation activities would include staff training in the certified EHR technology, the data entry of their patients' demographic data into the EHR, or establishing data exchange agreements and relationships between the provider's certified EHR technology and other providers, such as laboratories and pharmacies.

Upgrade: To "expand the available functionality of certified EHR technology."

The provider has added clinical decision support, e-prescribing functionality, or other enhancements that facilitate the meaningful use of certified EHR technology. An example of upgrading that would qualify for the EHR incentive payment would be upgrading from an existing EHR to a newer version that is certified per the EHR certification criteria promulgated by the Office of the National Coordinator (ONC) related to meaningful use. Upgrading may also mean expanding the functionality of an EHR in order to render it certifiable per the ONC EHR certification criteria (http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__home/1204).

Field	Value	Description
Adopt/Implement/Upgrade	You must Select **Adopt, Implement or Upgrade** for YEAR 1 attestation	*See Definition Above for Help with Selection*
YEAR 2 EHR Status	complete the Meaningful Use and Clinical Quality Measure reporting	

COMMENT *: An audit of your attestation may require you to produce documentation to prove the usage of the EMR/EHR solution attested to as well as it current usage/status.*

3. Required Supporting Documentation

CMS and BMS recommend documentation is retained in case of audit. Providers must maintain records in accordance with Federal regulations for a period of 5 years, or 3 years after audits, with any and all exceptions having been declared resolved by your state's Medicaid office or the U.S. Department of Health and Human Services (DHHS).

The provider must make all records and documentation available upon request to BMS and/or DHHS. Such records and documentation must include but not be limited to:

- ❑ Financial Records
- ❑ Practicing Provider Information (credentials)
- ❑ Identification of Service Sites
- ❑ Dates of Service for Each Service Component by Patient
- ❑ Patient Records
- ❑ Invoices/lease agreement supporting Adopt/Implementation/Utilization(AIU)
- ❑ EMR Reports supporting Meaningful Use attestation

Please review BMS requirements and applicable provider manuals for the specific service requirements, retention periods, and lists.

4. Selecting Cost Reports

It is imperative that the appropriate cost reports are selected. The hospital workbook provides the location of the cost report data element that is needed for the application. Please be aware that 42 CFR 495.31 (g)(1)((i) (B) states that the discharge-related data amount must be calculated using a 12 month period that ends in the Federal fiscal year before the hospital's fiscal year that serves as the first payment year.

To assist hospitals in determining the correct cost reporting period(s) to utilize in entering discharge and Medicaid share data used in calculating the HIT incentive payment, the following reference is provided.

STEP 1: Enter the current federal fiscal year in which you are applying (If applying prior to 9/30/11 enter FY2011: if applying on or after 10/1/11 enter FY2012.)

STEP 2: Subtract from the date entered in Step 1, one fiscal year (Assuming FFY 2011 is entered, the date entered would be FFY 2010)

STEP 3: Select the year end cost report that falls within the FFY identified in Step 2

a. If Hospital A YE = 12/31; Hospital A must report discharge and Medicaid share data using the cost report ending 12/31/2009
b. If Hospital B YE = 6/30; Hospital B must report discharge and Medicaid share data using the cost report ending 6/30/2010
c. If Hospital C YE = 9/30; Hospital C must report discharge and Medicaid share data using the cost report ending 9/30/2010

5. Obtaining an West Virginia Medicaid Management Information System (WVMMIS)Login

WV Medicaid providers must first have an account with the West Virginia Provider web portal **(www.wvmmis.com**) in order to gain access to the WV Provider Incentive payment system.

To sign up for a login and password to the West Virginia Provider Web portal, a Medicaid enrolled provider must visit https://www.wvmmis.com/xjRegManage/tradingPartnerRegRight.screen or contact WV Medicaid Provider Services staff at 888 483 0793 or via email at wvmmis@molinahealthcare.com.

6. Enrolling in WV Medicaid

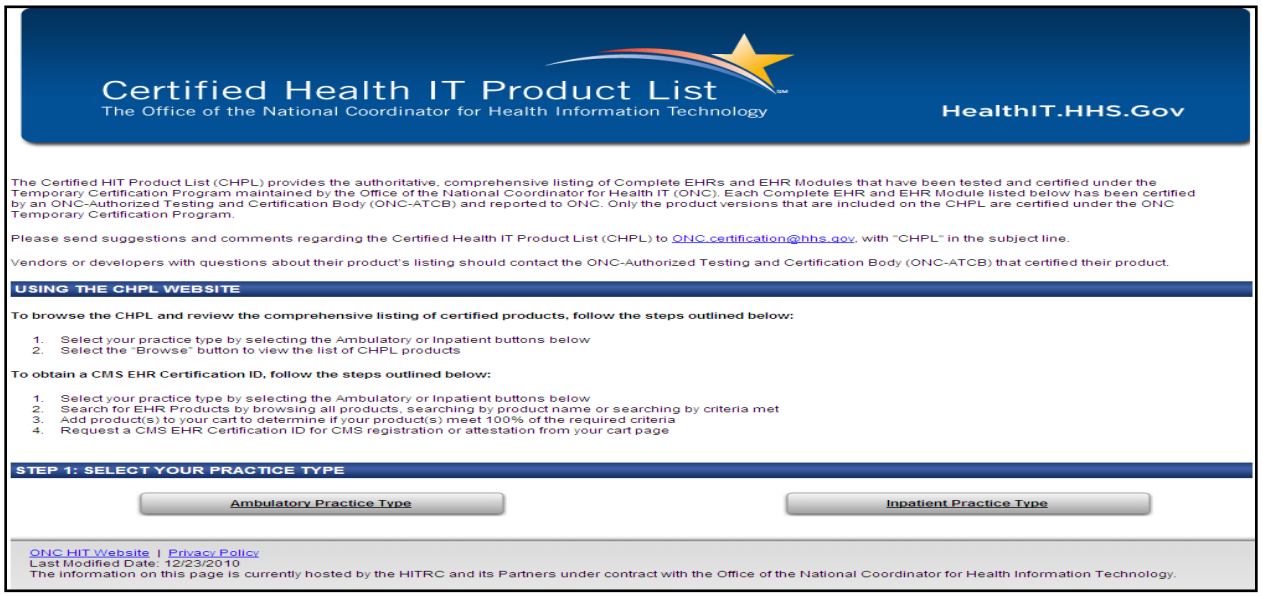
Health care providers supporting WV Medicaid patients must be active Medicaid enrolled providers for the timeframe that they will attest to the Medicaid patient volume and Electronic Health Record usage as it pertains to meeting the regulations.

If a practicing provider meets the appropriate provider type and Medicaid volume requirements and not actively enrolled as a West Virginia Medicaid provider at the time of attestation, then the provider must enroll with Medicaid to proceed with West Virginia EHR Provider Incentive Payment application. Please contact the WV Medicaid Provider Services Help Desk at 888-483-0793 between the hours of 8am and 5pm. Providers that enroll new to Medicaid will not be immediately eligible under the regulations and must wait the appropriate time to meet both the meaningful usage timeframes and Medicaid patient volume timeframes. Providers who have questions about current enrollment status, enrollment dates and enrolled type and specialty may also contact this number for assistance with enrollment.

7. Finding EMR Certification Number

The Office of the National Coordinator Authorized Testing and Certification Body (ONC-ATCB) is the body that tests and certifies electronic medical record (EMR) systems. If the EMR system is approved, it is assigned a certification number. The website below is the Certified Health IT Product List website to find an EMR certification number or even to register an EMR.
http://onc-chpl.force.com/ehrcert

Figure 14 CMS ONC Certified EHR Product Screen


Certified Health IT Product List
The Office of the National Coordinator for Health Information Technology
HealthIT.HHS.Gov
The Certified HIT Product List (CHPL) provides the authoritative, comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC). Each Complete EHR and EHR Module listed below has been certified by an ONC-Authorized Testing and Certification Body (ONC-ATCB) and reported to ONC. Only the product versions that are included on the CHPL are certified under the ONC Temporary Certification Program.
Please send suggestions and comments regarding the Certified Health IT Product List (CHPL) to ONC.certification@hhs.gov, with "CHPL" in the subject line.
Vendors or developers with questions about their product's listing should contact the ONC-Authorized Testing and Certification Body (ONC-ATCB) that certified their product.
USING THE CHPL WEBSITE
To browse the CHPL and review the comprehensive listing of certified products, follow the steps outlined below:
1. Select your practice type by selecting the Ambulatory or Inpatient buttons below
2. Select the "Browse" button to view the list of CHPL products
To obtain a CMS EHR Certification ID, follow the steps outlined below:
1. Select your practice type by selecting the Ambulatory or Inpatient buttons below
2. Search for EHR Products by browsing all products, searching by product name or searching by criteria met
3. Add product(s) to your cart to determine if your product(s) meet 100% of the required criteria
4. Request a CMS EHR Certification ID for CMS registration or attestation from your cart page
STEP 1: SELECT YOUR PRACTICE TYPE
Ambulatory Practice Type
Inpatient Practice Type
ONC HIT Website | Privacy Policy
Last Modified Date: 12/23/2010
The information on this page is currently hosted by the HITRC and its Partners under contract with the Office of the National Coordinator for Health Information Technology.

8. System Requirements

To successfully use all features of the WV EHR Incentive Program, the computer system meets the following minimum requirements:

- Reliable internet connection.
- Web browser – The latest version of Microsoft Internet Explorer® (IE) is recommended or at least IE7. Earlier versions of IE may have display issues.
- Adobe Acrobat® Reader.

9. Navigation

9.1 Breadcrumbs

When a hyperlink is clicked, the appropriate web page is displayed to the right of the navigation bar. The breadcrumbs indicate the current position within the site. Breadcrumbs are a visual representation of pages and sub-pages followed to reach this page. You may select the underlined name to return to the specific page. For the example screen, the breadcrumb translates to the following.

- The Meaningful Use Core Measures gray text that is not underlined in the breadcrumb indicates the section that you are currently in. In this case it is the Meaningful Core Measures questions.
- The underlined text will display the page that it is assigned. An example of the breadcrumb is as follows:
  - Attest displays the Reason for Attestation page.
  - Attestations displays the Attestation Instructions page.

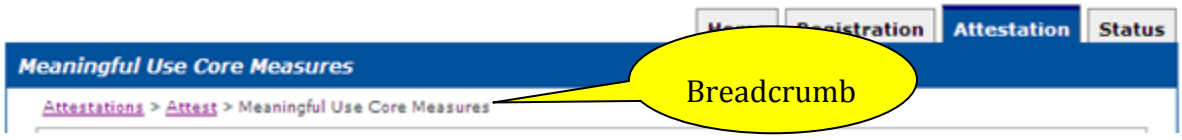


Figure 15: Breadcrumbs Example

9.2 Use of the Navigation Features

Every screen of WV EHR Incentive Program has a set of standard navigation features. These are found on the upper right had corner of the application screens as shown below.

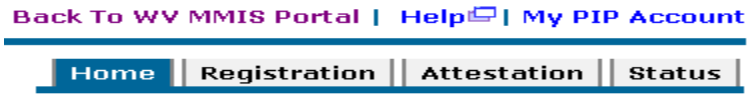


Figure 16 – Navigation Features Examples

9.2.1 Help Link

- ❑ Displays an electronic form of this document in a separate IE window.

9.2.2 WV EHR Incentive Program Account Hyperlink

- Displays a screen with email address entry box. WV EHR Incentive Program application will use this email address to send notifications regarding the attestations. The entry box allows the entry of a new address or updates to an existing one. Save changes by selecting the Update button. Press the Cancel button if you do not want changes saved.

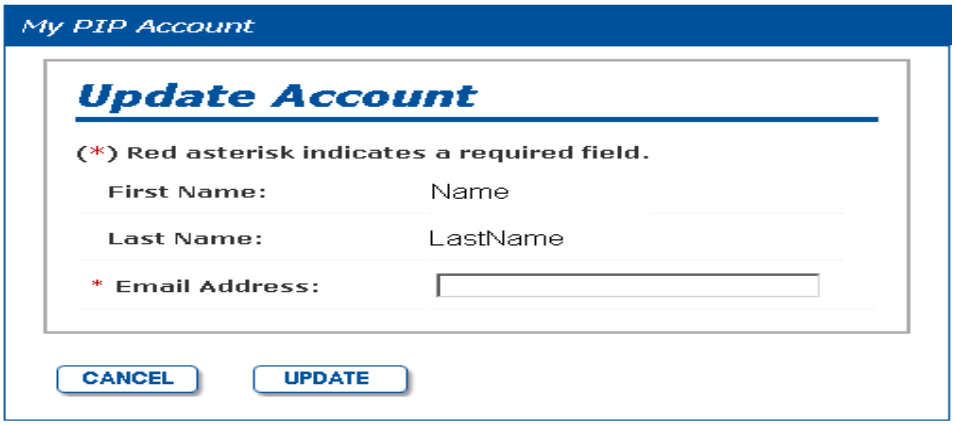


Figure 17: Update Account Screen Example

9.2.3 Back to WV MMIS Portal link

- Displays the WV MMIS Portal Welcome screen. Refer to Figure WV Welcome Screen.

9.2.4 Home Tab

- Displays the Home screen as shown in Figure 18.

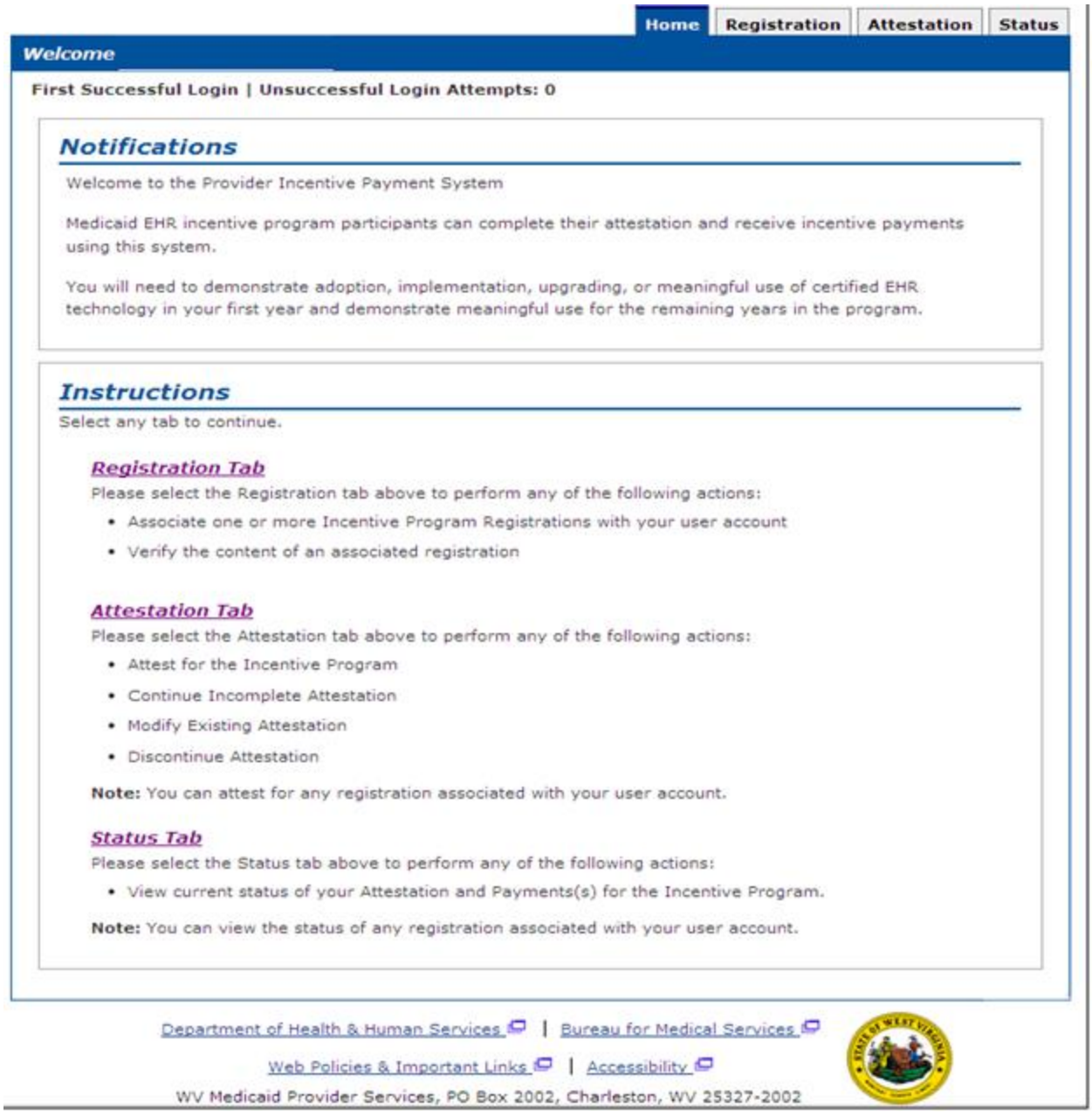

Home
Registration
Attestation
Status
Welcome
First Successful Login | Unsuccessful Login Attempts: 0
Notifications
Welcome to the Provider Incentive Payment System
Medicaid EHR incentive program participants can complete their attestation and receive incentive payments using this system.
You will need to demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology in your first year and demonstrate meaningful use for the remaining years in the program.
Instructions
Select any tab to continue.
Registration Tab
Please select the Registration tab above to perform any of the following actions:
Associate one or more Incentive Program Registrations with your user account
Verify the content of an associated registration
Attestation Tab
Please select the Attestation tab above to perform any of the following actions:
Attest for the Incentive Program
Continue Incomplete Attestation
Modify Existing Attestation
Discontinue Attestation
Note: You can attest for any registration associated with your user account.
Status Tab
Please select the Status tab above to perform any of the following actions:
View current status of your Attestation and Payments(s) for the Incentive Program.
Note: You can view the status of any registration associated with your user account.
Department of Health & Human Services | Bureau for Medical Services
Web Policies & Important Links | Accessibility
WV Medicaid Provider Services, PO Box 2002, Charleston, WV 25327-2002

Figure 18 – Home Screen Example

9.2.5 Registration Tab

- Displays the registration instruction page as shown in Figure 19 below.

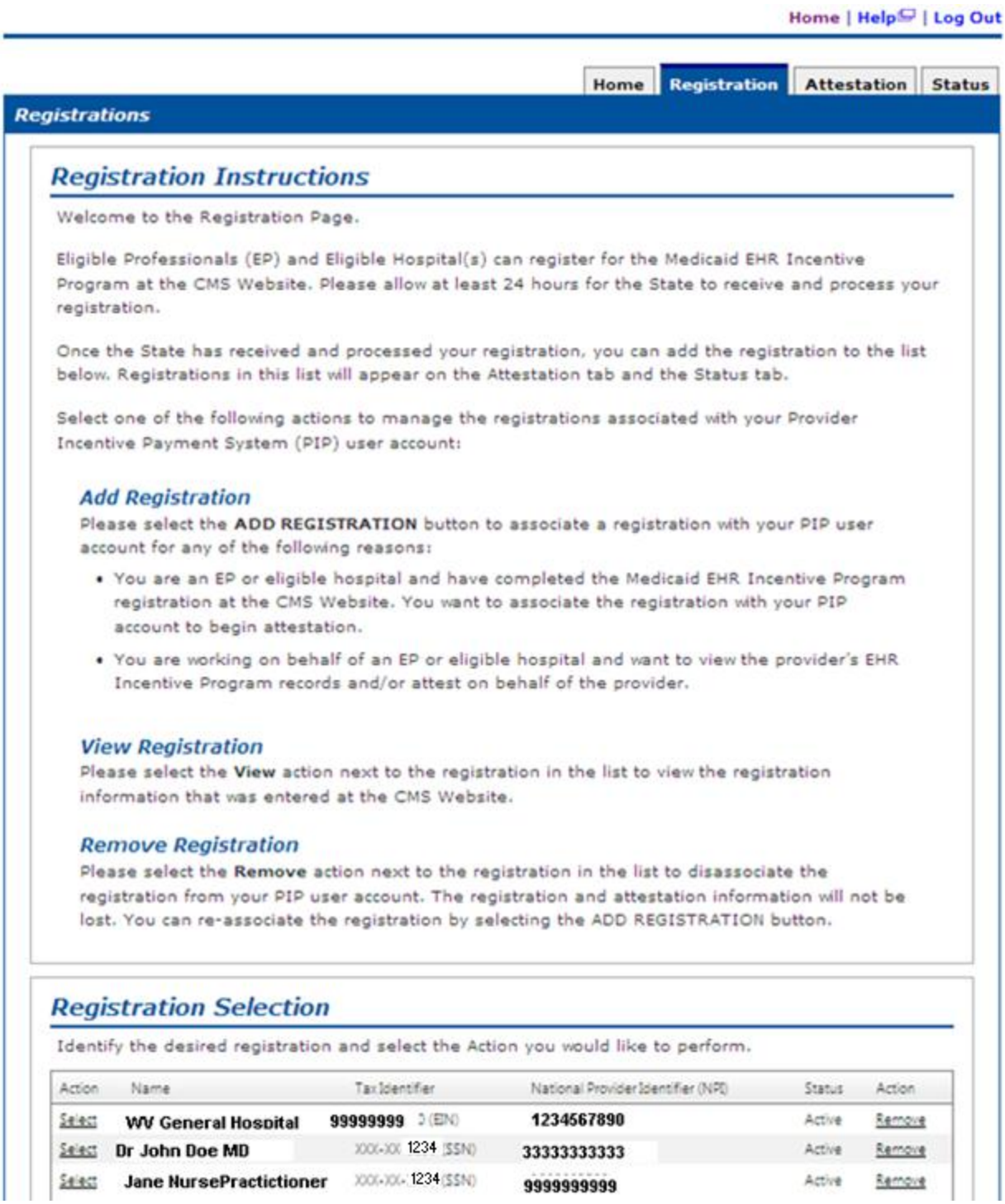

Home | Help | Log Out
Home
Registration
Attestation
Status
Registrations
Registration Instructions
Welcome to the Registration Page.
Eligible Professionals (EP) and Eligible Hospital(s) can register for the Medicaid EHR Incentive Program at the CMS Website. Please allow at least 24 hours for the State to receive and process your registration.
Once the State has received and processed your registration, you can add the registration to the list below. Registrations in this list will appear on the Attestation tab and the Status tab.
Select one of the following actions to manage the registrations associated with your Provider Incentive Payment System (PIP) user account:
Add Registration
Please select the ADD REGISTRATION button to associate a registration with your PIP user account for any of the following reasons:
You are an EP or eligible hospital and have completed the Medicaid EHR Incentive Program registration at the CMS Website. You want to associate the registration with your PIP account to begin attestation.
You are working on behalf of an EP or eligible hospital and want to view the provider's EHR Incentive Program records and/or attest on behalf of the provider.
View Registration
Please select the View action next to the registration in the list to view the registration information that was entered at the CMS Website.
Remove Registration
Please select the Remove action next to the registration in the list to disassociate the registration from your PIP user account. The registration and attestation information will not be lost. You can re-associate the registration by selecting the ADD REGISTRATION button.
Registration Selection
Identify the desired registration and select the Action you would like to perform.
Action
Name
Tax Identifier
National Provider Identifier (NPI)
Status
Action
Select
WV General Hospital
99999999 (EIN)
1234567890
Active
Remove
Select
Dr John Doe MD
XXX-XX-1234 (SSN)
3333333333
Active
Remove
Select
Jane NursePractictioner
XXX-XX-1234 (SSN)
9999999999
Active
Remove

Figure 19 – Registration Select Example

9.2.6 Attestation Tab

- Displays the Attestation Home page shown in Figure 20.

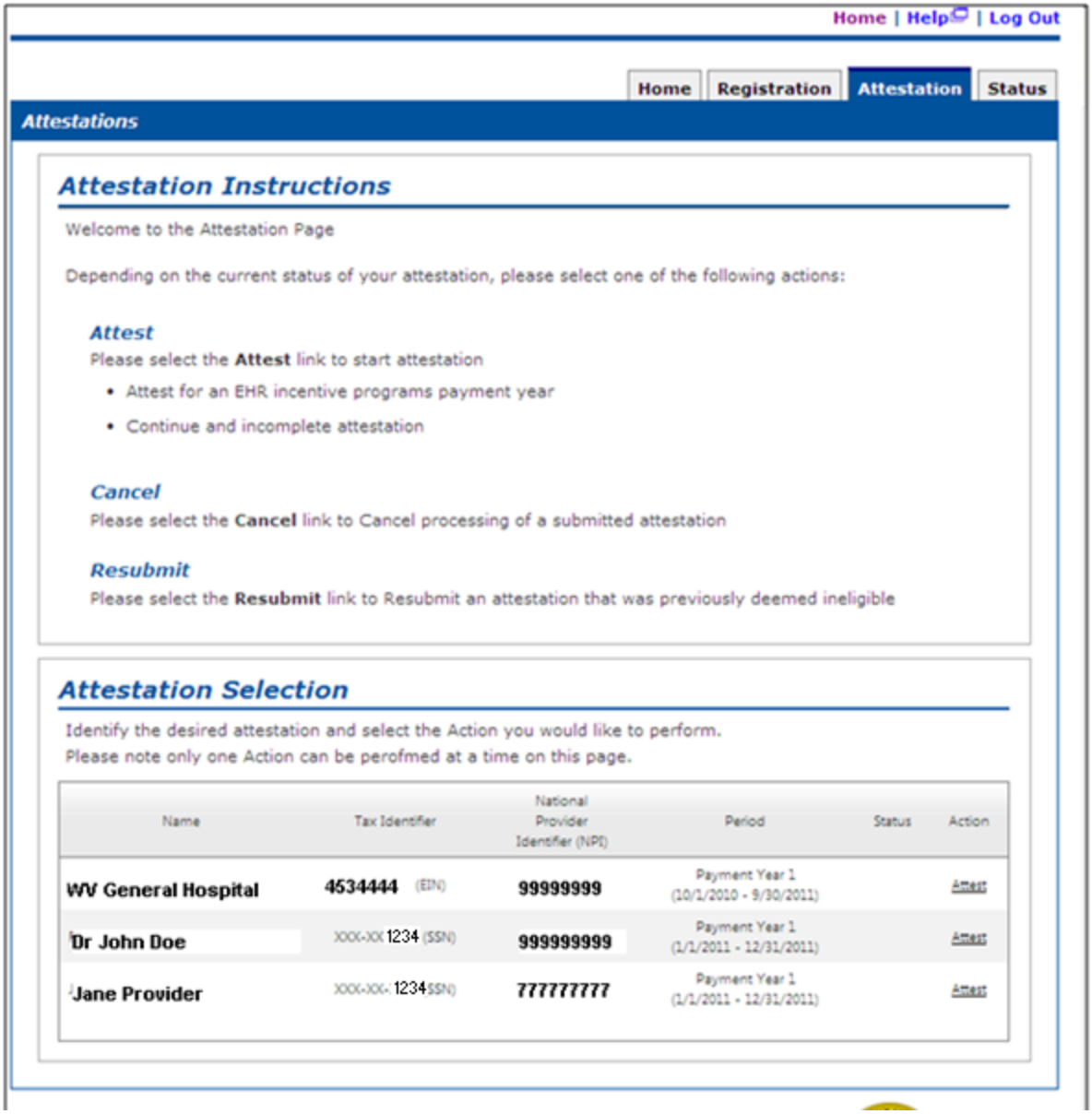


Figure 20: Attestation Selection Example

9.2.7 The Standard Buttons.

There are certain buttons found below the fields of each functional screen that enable you to perform certain actions. The available actions depend on the purpose of the screen. The most common buttons found associated with WV EHR Incentive Program are Previous Screen and Save and Continue. Previous Screen will display the previous screen in screen sequence. Save and Continue must be selected or any entries in the screen will be lost and must be re-entered. See **Figure 40** to view an example of the standard buttons. A Submit button is also an option

and is used when all entries are entered and the user is ready to submit the answers for review and possible payment.

10. Using the WV EHR Incentive Program application

The WV EHR Incentive Program application guides the user through the CMS required questions to determine if a provider is eligible to receive provider incentive payments. Completing the hospital workbook will make the Question and Answer process more efficient within the application.

A provider may enter the information or assign someone to enter the information on their behalf.

The list below is the different sections. Each section will be discussed in detail.

- ❒ Pre-eligibility Checks which is done on the receipt of a registration id from CMS
- ❒ Login Instructions
- ❒ Registering a provider within the application
- ❒ Eligibility Volume Check
- ❒ Attest by entry of data from cost reports
- ❒ Submit Attestation

Figure 21 below is a pictorial view of the WV EHR Incentive Program application steps.

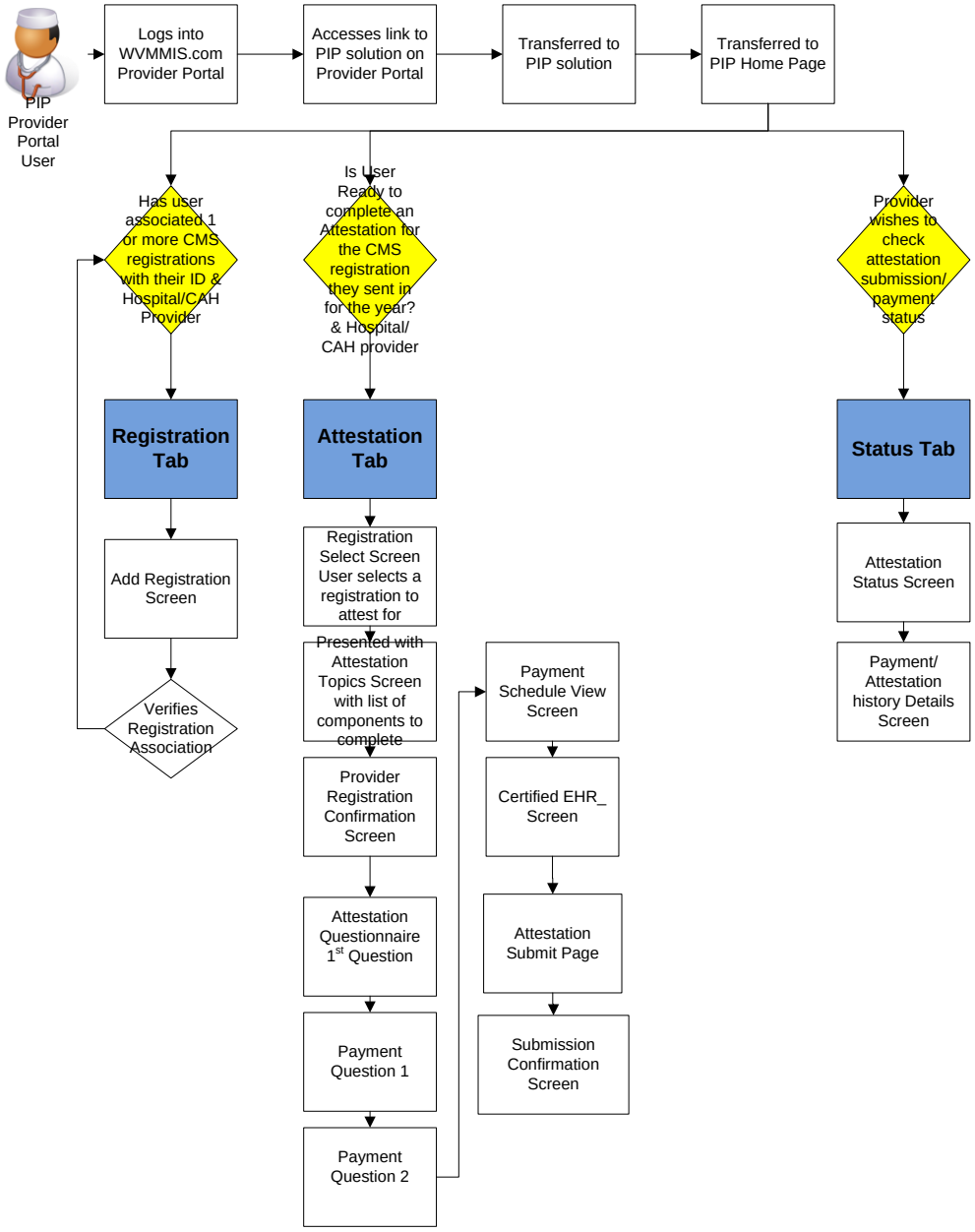

PIP Provider Portal User
Logs into WVMMIS.com Provider Portal
Accesses link to PIP solution on Provider Portal
Transferred to PIP solution
Transferred to PIP Home Page
Has user associated 1 or more CMS registrations with their ID & Hospital/CAH Provider
Is User Ready to complete an Attestation for the CMS registration they sent in for the year? & Hospital/ CAH provider
Provider wishes to check attestation submission/ payment status
Registration Tab
Attestation Tab
Status Tab
Add Registration Screen
Verifies Registration Association
Registration Select Screen User selects a registration to attest for
Presented with Attestation Topics Screen with list of components to complete
Provider Registration Confirmation Screen
Attestation Questionnaire 1st Question
Payment Question 1
Payment Question 2
Payment Schedule View Screen
Certified EHR_ Screen
Attestation Submit Page
Submission Confirmation Screen
Attestation Status Screen
Payment/ Attestation history Details Screen

Figure 21 – Workflow Diagram

10.1 Pre-eligibility Check on Receipt of CMS Registration ID

When a registration is completed on the CMS site, the registration information is sent to the WV EHR Incentive Program application. The system will receive the registration and execute the following checks. The end result is that there is a pre-eligibility check on this registration id.

The system will access the provider's Medicaid Enrollment records that are stored within the databases to determine if the provider is actively enrolled in the Medicaid program.

- **Enrollment Check**
  - The solution will check automatically and report back to CMS if the institution was actively enrolled in Medicaid for the attestation period (any 90 days for Year 1) and the entire calendar year for Years 2-6.

- **Provider Type Specialty Check**
  - The solution will check automatically and report back to CMS if the provider's registration does not match up to its Medicaid enrollment with Acute Care, Critical Access Hospital (CAH), or Children's Hospital.

The provider must meet the eligibility checks to be eligible. If checks are not met, then the provider is ineligible. The WV EHR Incentive Program will send the CMS NLR eligibility status. This updates the data in the NLR solution with the preliminary eligibility status of the provider for the incentive program under Medicaid. It will also send an email indicating the status of the WV Provider's Medicaid registration eligibility check to the email address that was entered during registration. This email will indicate eligibility status. If the provider is found to be ineligible, the email will contain the eligibility checks that were not met and information on contacting the West Virginia Provider Services Help Desk if the provider feels this is in error.

If the solution finds that the provider is not eligible and when an authenticated provider logs into the solution from the WVMMIS secure West Virginia Provider web portal interface, the authenticated provider will be able to register this provider, but will not be able to attest as the provider failed the preliminary eligibility check.

At this point, WV Provider Services representatives will have the ability to review and determine if the systematic eligibility status is valid or not for the provider. Providers will be required to contact the provider services help desk to work the denial of registration if the provider feels it is without cause.

The provider will then work with the representative via phone/email regarding registration eligibility status. The provider may be asked to resubmit the registration with the NLR to proceed, or depending on the situation, the provider services user may be able to override the system and manually approve the provider's eligibility and allow the provider to attest.

10.2 Login

This section provides instructions on how to start the WV EHR Incentive Program application and logging into the system to use the application. Please obtain authorization from the provider to enter the data on their behalf.

10.2.1 Starting WV EHR Incentive Program application

The WV EHR Incentive Program application runs on the Internet. Execute the following steps to start the WV EHR Incentive Program application.

1. Access the web portal main page. An example is below.

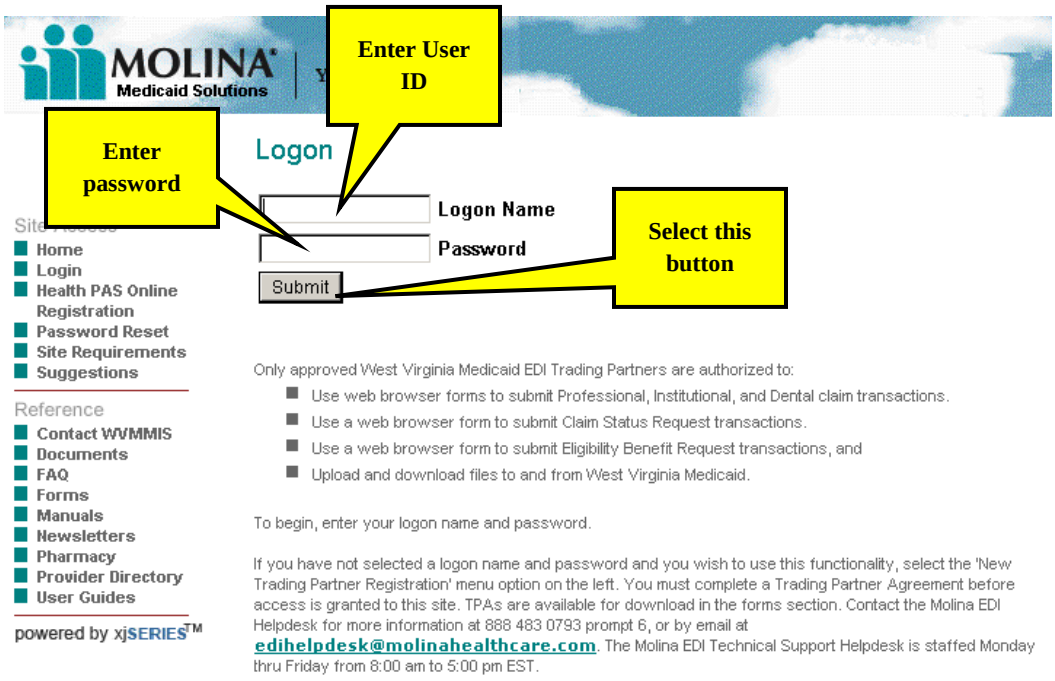

Enter User ID
Enter password
Select this button
MOLINA
Medicaid Solutions
Logon
Logon Name
Password
Submit
Home
Login
Health PAS Online Registration
Password Reset
Site Requirements
Suggestions
Reference
Contact WVMMIS
Documents
FAQ
Forms
Manuals
Newsletters
Pharmacy
Provider Directory
User Guides
powered by xjSERIES
Only approved West Virginia Medicaid EDI Trading Partners are authorized to:
Use web browser forms to submit Professional, Institutional, and Dental claim transactions.
Use a web browser form to submit Claim Status Request transactions.
Use a web browser form to submit Eligibility Benefit Request transactions, and
Upload and download files to and from West Virginia Medicaid.
To begin, enter your logon name and password.
If you have not selected a logon name and password and you wish to use this functionality, select the 'New Trading Partner Registration' menu option on the left. You must complete a Trading Partner Agreement before access is granted to this site. TPAs are available for download in the forms section. Contact the Molina EDI Helpdesk for more information at 888 483 0793 prompt 6, or by email at edihelpdesk@molinahealthcare.com. The Molina EDI Technical Support Helpdesk is staffed Monday thru Friday from 8:00 am to 5:00 pm EST.

Figure 22 – WV Login Screen Example

2. Prepare to Logon by entering in Logon Name and Password in the appropriate entry boxes and select Submit
    - Enter web portal user ID.
    - Enter web portal password.
    - Select Submit button
3. On the **Welcome** window, select the **WV EHR Incentive Program** option to display the **Provider Incentive Program About This Site** window. Refer to **Figure 23** below.

Figure 23: WV Welcome Page Example

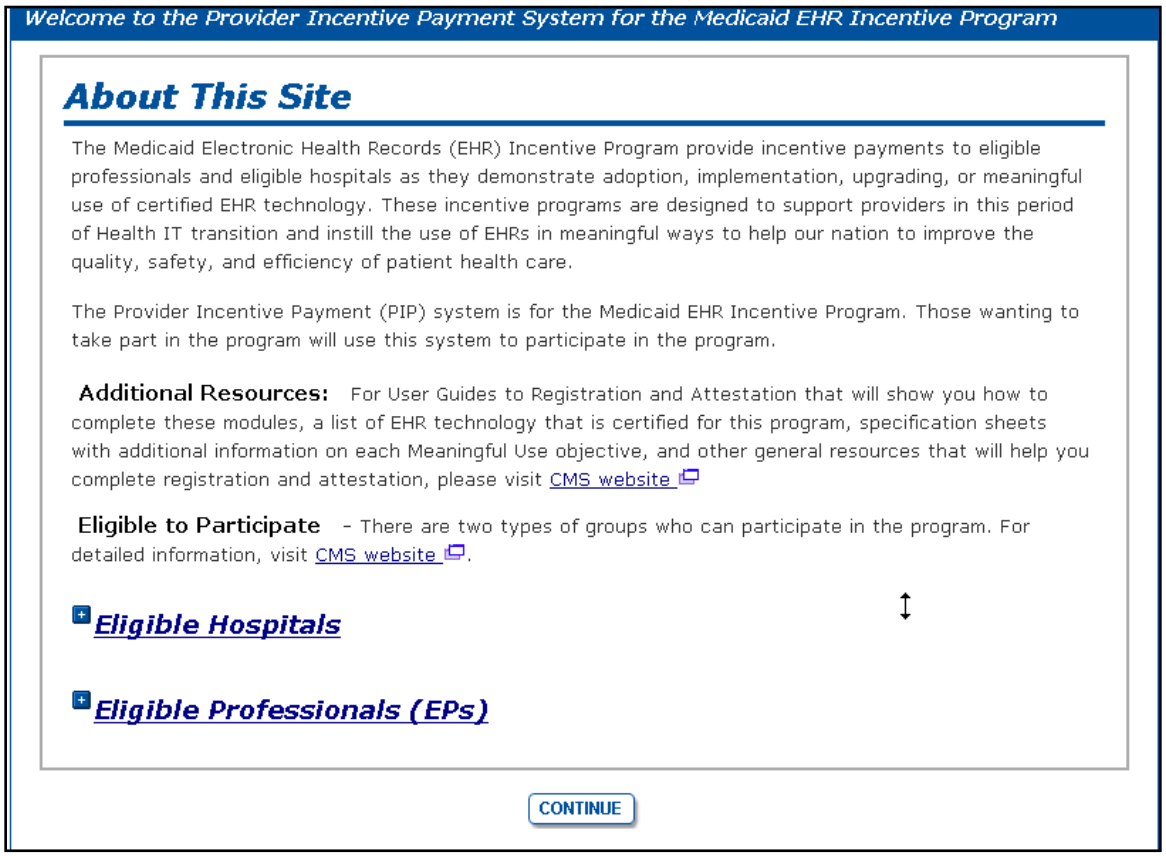

Welcome to the Provider Incentive Payment System for the Medicaid EHR Incentive Program
About This Site
The Medicaid Electronic Health Records (EHR) Incentive Program provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.
The Provider Incentive Payment (PIP) system is for the Medicaid EHR Incentive Program. Those wanting to take part in the program will use this system to participate in the program.
Additional Resources: For User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit CMS website
Eligible to Participate - There are two types of groups who can participate in the program. For detailed information, visit CMS website.
Eligible Hospitals
Eligible Professionals (EPs)
CONTINUE

Figure 24 – Provider Incentive About This Site Example

4. On the **Provider Incentive About This Site** window, select the **Continue** button to display the **Provider Incentive Program Notifications** window (or also known as the Home page.) Refer to **Figure 24** above and **Figure 25** below.

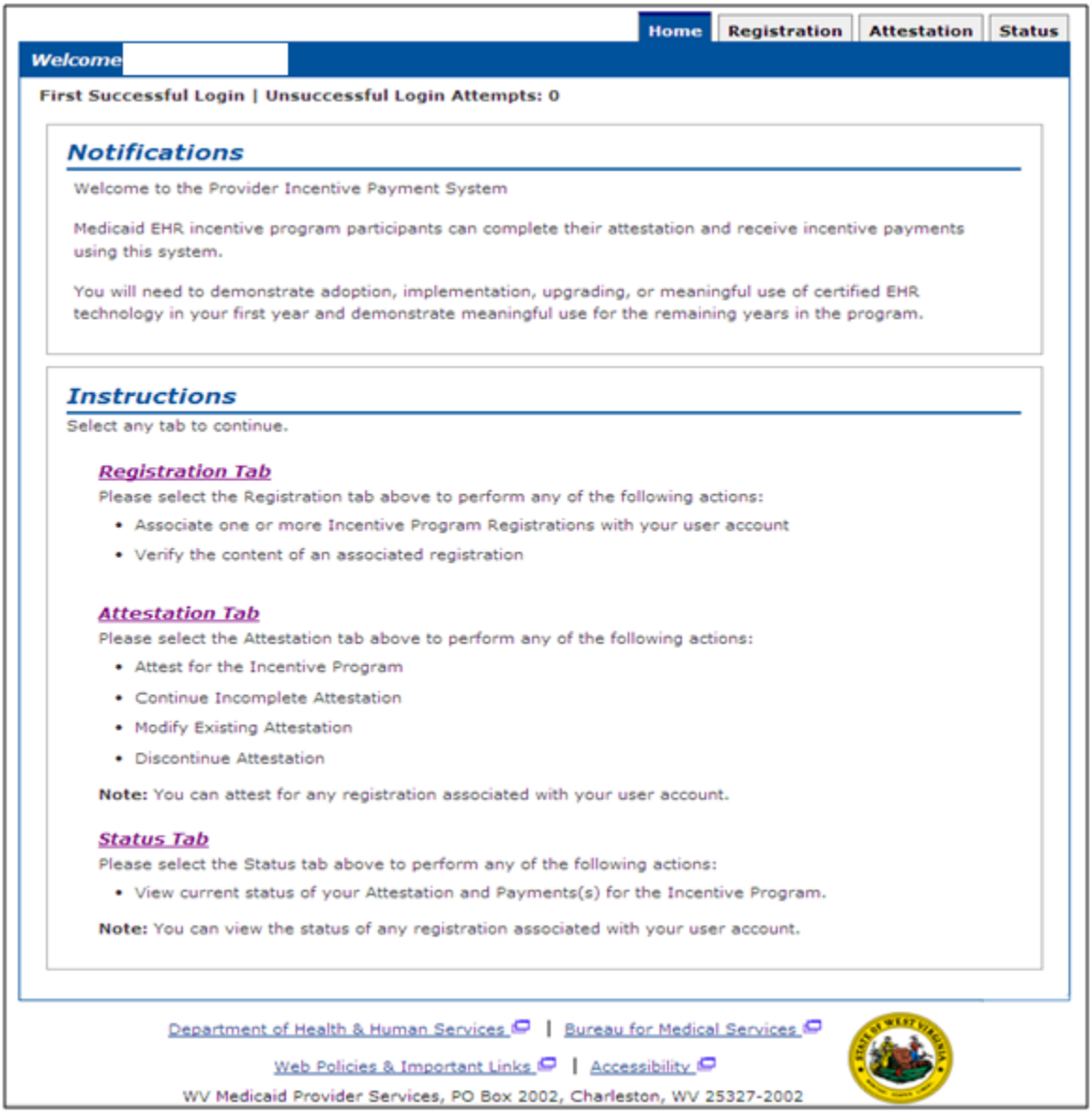

Home
Registration
Attestation
Status
Welcome
First Successful Login | Unsuccessful Login Attempts: 0
Notifications
Welcome to the Provider Incentive Payment System
Medicaid EHR incentive program participants can complete their attestation and receive incentive payments using this system.
You will need to demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology in your first year and demonstrate meaningful use for the remaining years in the program.
Instructions
Select any tab to continue.
Registration Tab
Please select the Registration tab above to perform any of the following actions:
Associate one or more Incentive Program Registrations with your user account
Verify the content of an associated registration
Attestation Tab
Please select the Attestation tab above to perform any of the following actions:
Attest for the Incentive Program
Continue Incomplete Attestation
Modify Existing Attestation
Discontinue Attestation
Note: You can attest for any registration associated with your user account.
Status Tab
Please select the Status tab above to perform any of the following actions:
View current status of your Attestation and Payments(s) for the Incentive Program.
Note: You can view the status of any registration associated with your user account.
Department of Health & Human Services
Bureau for Medical Services
Web Policies & Important Links
Accessibility
WV Medicaid Provider Services, PO Box 2002, Charleston, WV 25327-2002

Figure 25 – Home Page Example

10.3 Register

A registration number is a key component to the process. It used along with the NPI number to uniquely identify the provider. It is used within the CMS environment to identify the provider and the provider incentive status. A registration id is required in order to register and execute the attestation steps. A registration id is obtained after using the CMS web site to register the

provider. URL to CMS Registration site is below. Please contact CMS if additional help is needed when using this URL.

- https://ehrincentives.cms.gov/hitech/login.action

After executing the CMS registration process, please wait at least 48 hours before executing this step. This allows CMS time to send the information to the WV EHR Incentive Program application.

The Register tab associates one or more provider registrations to a user id, view registration ids that are attached to a user id, and remove any provider registrations. Please obtain authorization with the provider to enter the data on his behalf.

To view, add, and remove registrations, select the Registration tab on the navigation bar.

Figure 26: Registration tab Example

On selection, the Registration home screen displays. An example is **Figure 26** above.

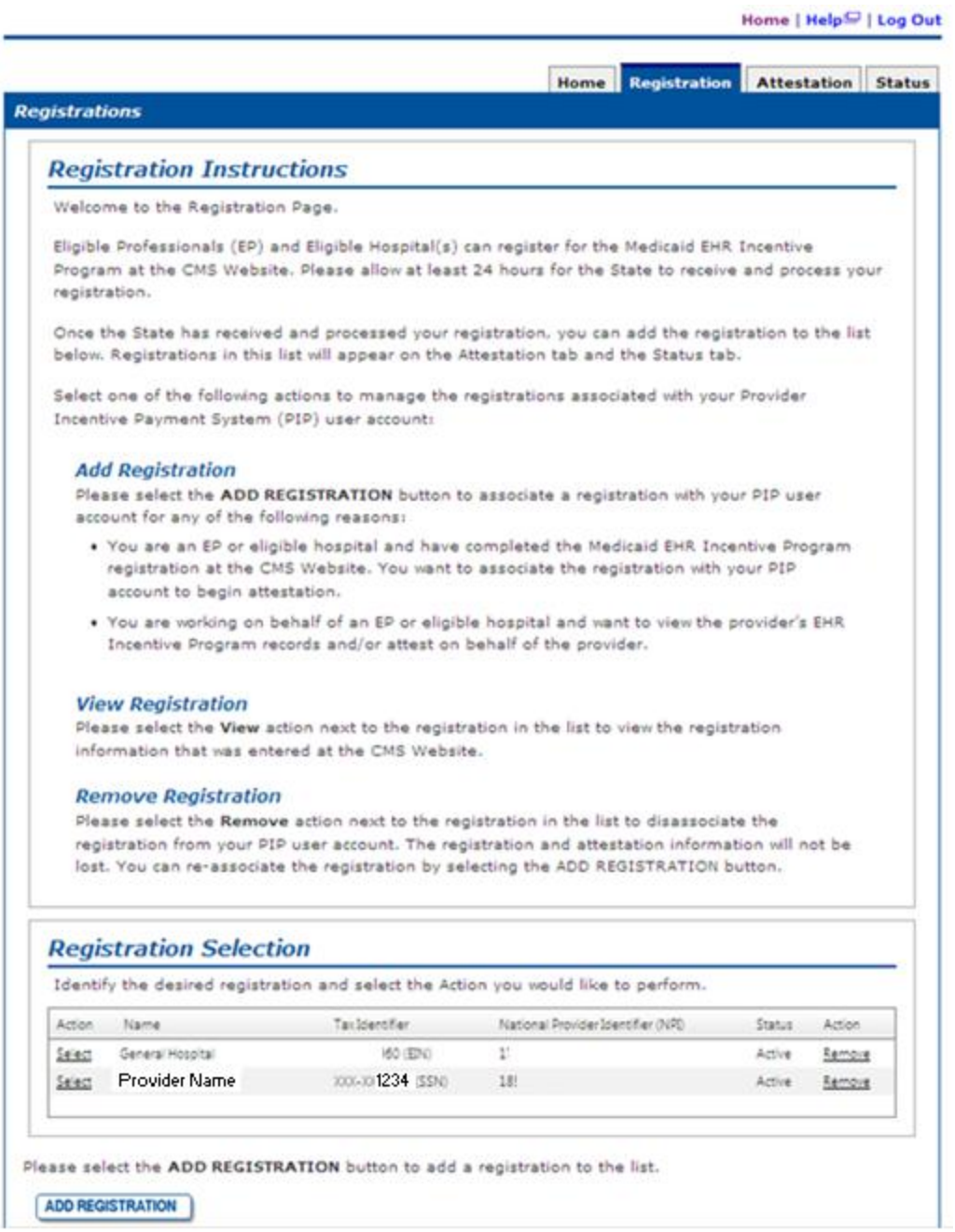

Home | Help | Log Out
Home
Registration
Attestation
Status
Registrations
Registration Instructions
Welcome to the Registration Page.
Eligible Professionals (EP) and Eligible Hospital(s) can register for the Medicaid EHR Incentive Program at the CMS Website. Please allow at least 24 hours for the State to receive and process your registration.
Once the State has received and processed your registration, you can add the registration to the list below. Registrations in this list will appear on the Attestation tab and the Status tab.
Select one of the following actions to manage the registrations associated with your Provider Incentive Payment System (PIP) user account:
Add Registration
Please select the ADD REGISTRATION button to associate a registration with your PIP user account for any of the following reasons:
You are an EP or eligible hospital and have completed the Medicaid EHR Incentive Program registration at the CMS Website. You want to associate the registration with your PIP account to begin attestation.
You are working on behalf of an EP or eligible hospital and want to view the provider's EHR Incentive Program records and/or attest on behalf of the provider.
View Registration
Please select the View action next to the registration in the list to view the registration information that was entered at the CMS Website.
Remove Registration
Please select the Remove action next to the registration in the list to disassociate the registration from your PIP user account. The registration and attestation information will not be lost. You can re-associate the registration by selecting the ADD REGISTRATION button.
Registration Selection
Identify the desired registration and select the Action you would like to perform.
Action
Name
Tax Identifier
National Provider Identifier (NPI)
Status
Action
Select
General Hospital
160 (EIN)
1'
Active
Remove
Select
Provider Name
XXX-XX1234 (SSN)
18!
Active
Remove
Please select the ADD REGISTRATION button to add a registration to the list.
ADD REGISTRATION

Figure 27- Registration Select and Add Example

The registration page will list all registrations added. If no registrations have been added, the Registration Selection section will display "No registrations found." The Registration sections below explain the options that are available on the Registration page, which are Add Registration, Select, and Remove.

10.3.1 Registration – Add Option

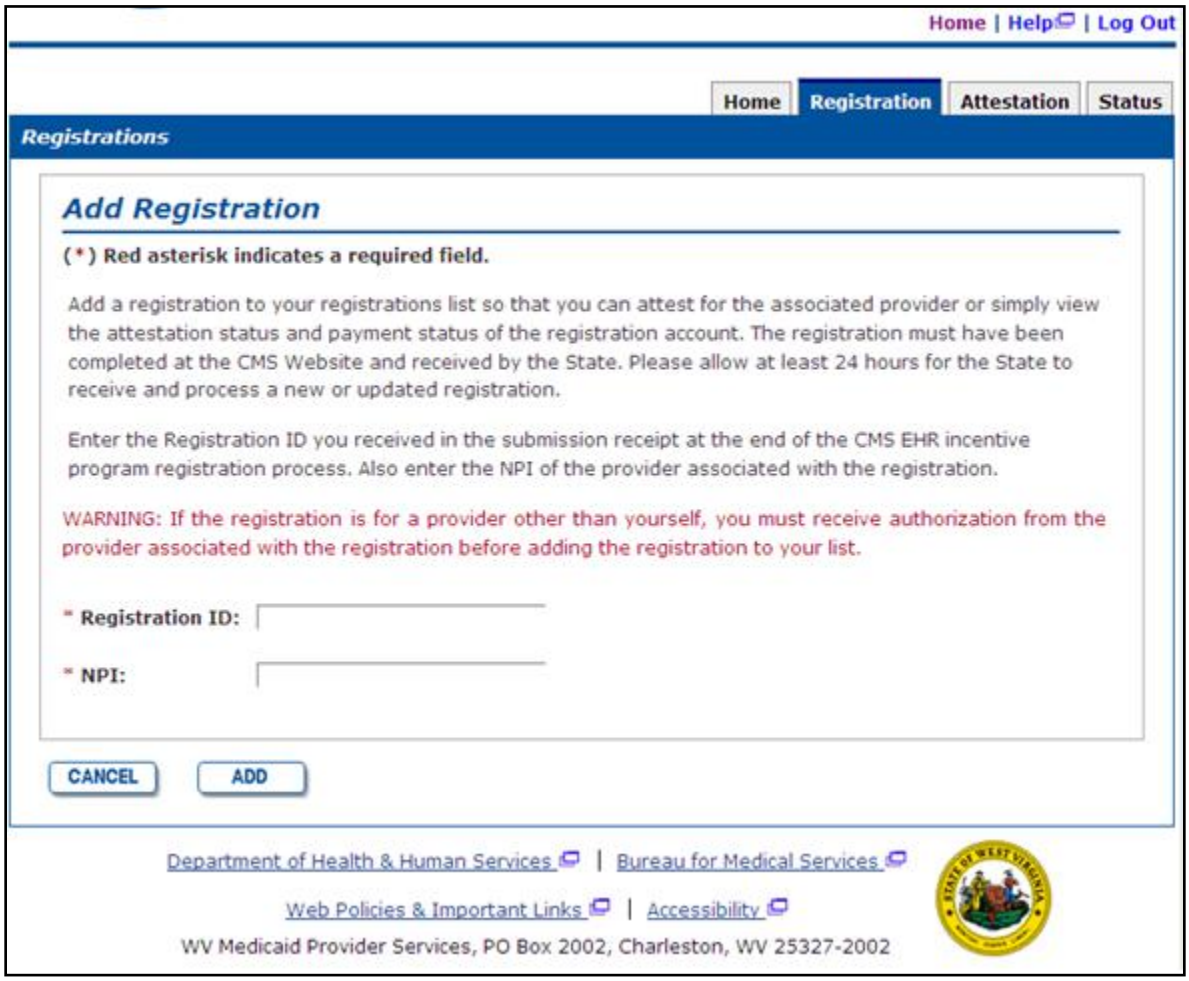

Home | Help | Log Out
Home
Registration
Attestation
Status
Registrations
Add Registration
(*) Red asterisk indicates a required field.
Add a registration to your registrations list so that you can attest for the associated provider or simply view the attestation status and payment status of the registration account. The registration must have been completed at the CMS Website and received by the State. Please allow at least 24 hours for the State to receive and process a new or updated registration.
Enter the Registration ID you received in the submission receipt at the end of the CMS EHR incentive program registration process. Also enter the NPI of the provider associated with the registration.
WARNING: If the registration is for a provider other than yourself, you must receive authorization from the provider associated with the registration before adding the registration to your list.
* Registration ID:
* NPI:
CANCEL
ADD
Department of Health & Human Services | Bureau for Medical Services
Web Policies & Important Links | Accessibility
WV Medicaid Provider Services, PO Box 2002, Charleston, WV 25327-2002

Figure 28 – Add Registration Example

1. Select the add Registration button on the Registration home page.
2. Enter Registration id obtained from the CMS web site.
3. Enter the provider's NPI.
4. Select the Add button.

   ✍ *The system validates that the Registration ID is a valid id assigned by CMS and that the correct NPI was entered with it.*

5. If valid, the registration id and NPI is associated with the user id. The Registration Information page displays with the registration information that was entered. **Figure 28** is an example of the screen. The Previous Page button returns to the Registration Home Page.

Home | Help | Log Out
Home
Registration
Attestation
Status
Registrations
Registration Information
Please review the registration summary below to ensure this is the correct registration information. If any information is incorrect, please update the information at the CMS Website.
Registration ID: 10
Name: General Hospital
TIN: 31 (EIN)
NPI: 175
CCN: 510047
Incentive Program: Medicare / Medicaid (MD)
Business Address:
1325 L Ave
Fairmont, WV, 21435
Phone #: 30 7130 100 Ext.
E-Mail: abc@test.org
PREVIOUS PAGE
Department of Health & Human Services | Bureau for Medical Services
Web Policies & Important Links | Accessibility
WV Medicaid Provider Services, PO Box 2002, Charleston, WV 25327-2002

Figure 29: Registration Information Example

If invalid, an error message displays. Below are the most common reasons why an error occurred. The Add Registration page continues to display until the information is entered correctly or a navigation option is selected.

- Information entered incorrectly. Correct the errors.
- If necessary, access the CMS website to check the registration information or add a registration.
- The registration id will not be found if 48 hours has not expired after registering with CMS,

The Cancel button is an additional option that is available. Selection of this button does not add the registration id and the Registration Home screen displays. No additional registration id displays.

10.3.2 Registration – Select Option

Home | Help | Log Out
Home
Registration
Attestation
Status
Registrations
Registration Information
Please review the registration summary below to ensure this is the correct registration information. If any information is incorrect, please update the information at the CMS Website.
Registration ID: 10
Name: General Hospital
TIN: 31 (EIN)
NPI: 175
CCN: 510047
Incentive Program: Medicare / Medicaid (MD)
Business Address:
1325 L Ave
Fairmont, WV, 21435
Phone #: 30 7130 100 Ext.
E-Mail: abc@test.org
PREVIOUS PAGE
Department of Health & Human Services | Bureau for Medical Services
Web Policies & Important Links | Accessibility
WV Medicaid Provider Services, PO Box 2002, Charleston, WV 25327-2002

Figure 30: Registration Select Example

When the Select link is selected, the registration details displays for the Registration Id selected. **Figure 30** is an example. Previous Page button displays the Registration Home page.

10.3.3 Registration – Remove Option

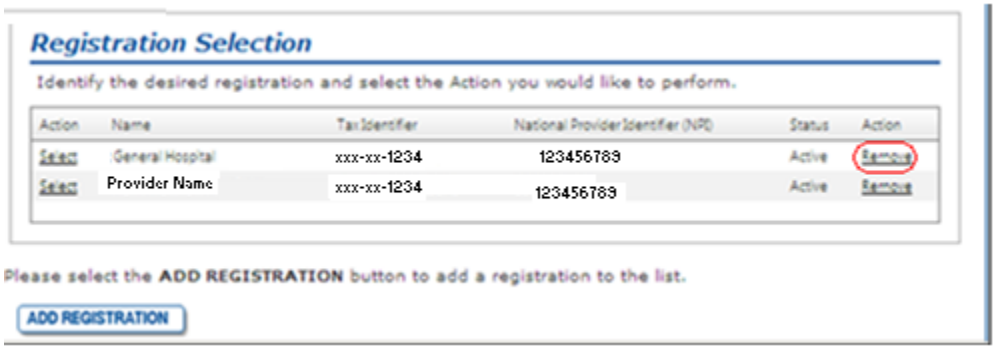


Figure 31: Registration Remove Example

Selecting the Remove option next to a registration id will remove the registration id from the user id. The registration id will no longer be displayed in the Registration Selection list or in the

Attestation page. **Figure 31** above is a portion of the Registration Instructions page and indicates where the Remove option is found.

The Registration Id is still available to reassign by executing the Add Registration steps. Any information entered prior to removing the registration id will display after reassigning.

10.4 Attestation

Once the provider has passed WV EHR Incentive Payment basic eligibility checking, the provider will associate the user id with one or more registration ids related to the provider's CMS Incentive Registration. The provider will then select a registration and continue on with populating attestation for that year. The solution will then walk the eligible provider through a series of screens with a questionnaire on Medicaid population, the practice location and other eligibility questions. The provider must complete these questions to proceed with submitting attestation. For Year 1, providers do not need to complete the meaningful use questions, but must proceed through them to complete attestation and submit for the year. After Year 1, the provider's meaningful use questions will be required and validated by the system.

The workbook provides the answers that will be entered in the appropriate screen so the provider is prepared for answering all related questions prior to beginning theattestation process.

The Attestation workflow consists of the following topics. The application will guide the user through the topics. Therefore, topics do not become active until the prerequisite topic is completed. Each topic will be addressed.

- **Eligibility Screens**
  - These screens walk the provider through the attestation specific eligibility questions that he must complete to be validated as an eligible provider for the Incentive Program
    - These screens include:
      - Questions on provider Medicaid volume
      - Questions to obtain average growth over four years
      - Questions to obtain Medicaid share
- **Payment Screens**
  - These screens walk the provider through the expected payment schedule and questions related
- **Adopt, Implement, or Upgrade Certified EHR Technology Screen**
  - This screen validates that the provider is indeed using a valid EHR solution for the purposes of supporting Meaningful Use in Years 2-6.

Screens available for YEARS 2-6 Attestations

- Meaningful use core measures
- Meaningful use menu measures
- Core Clinical Quality measures
- Alternate Core Clinical Quality Measures

- Additional Clinical Quality Measures

The Attestation process is accessible by selecting the Attestation Tab.

When selected, the Attestation Instructions page displays. This page displays the registration ids that are assigned to the user id.

Attestation process does not need to be completed in one session. Each screen in the Attestation flow has a Save and Continue button. This will save changes and allow the user to stop at any time without the loss of data that was entered on that page. The attestation process does not allow the user to skip forward to screens or jump past a screen without entering data. The user may edit answers until the attestation has been submitted.

To start the attestation process

1. Select the Attestation option on the row for the Registration information

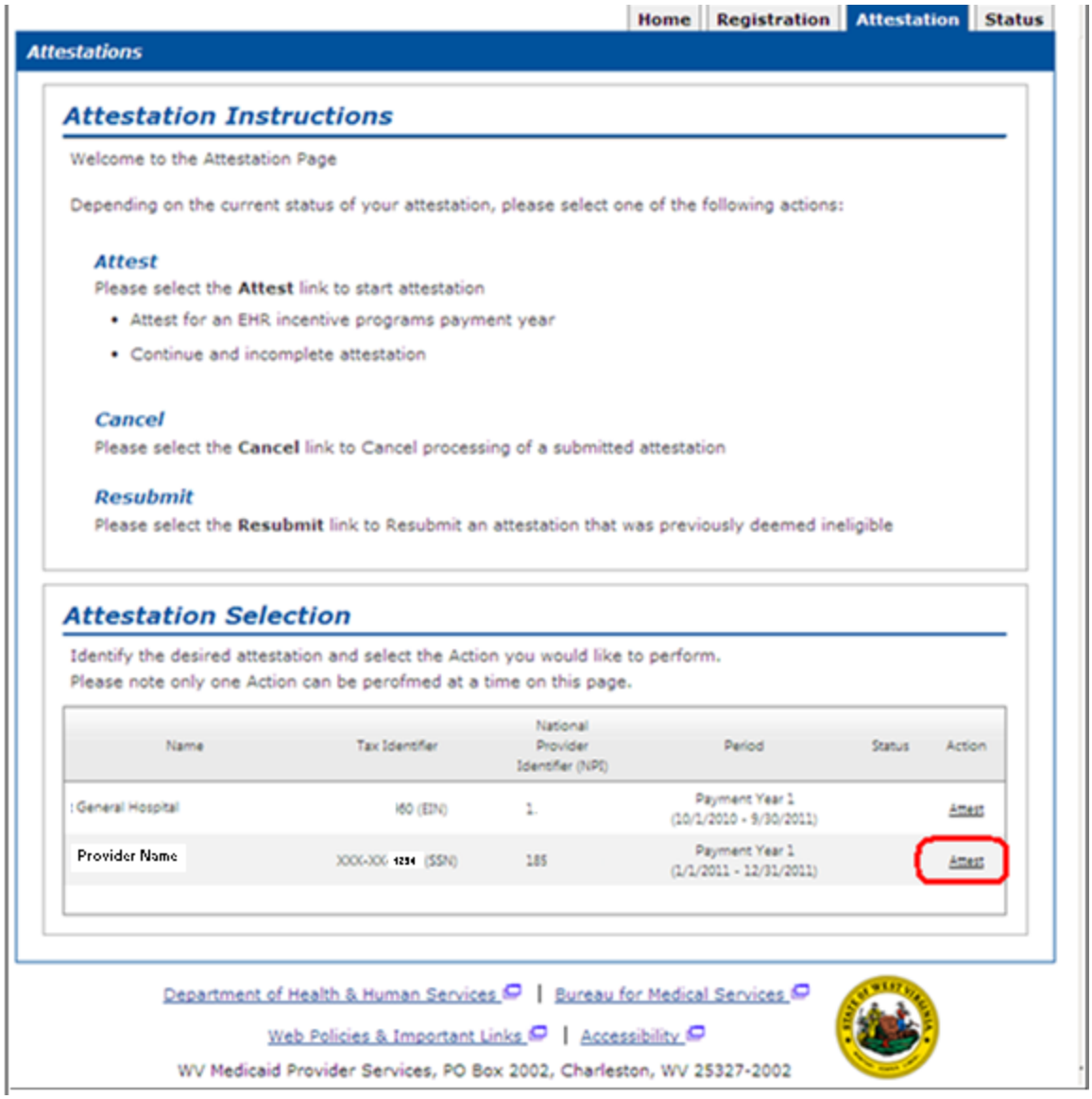

Home
Registration
Attestation
Status
Attestations
Attestation Instructions
Welcome to the Attestation Page
Depending on the current status of your attestation, please select one of the following actions:
Attest
Please select the Attest link to start attestation
Attest for an EHR incentive programs payment year
Continue and incomplete attestation
Cancel
Please select the Cancel link to Cancel processing of a submitted attestation
Resubmit
Please select the Resubmit link to Resubmit an attestation that was previously deemed ineligible
Attestation Selection
Identify the desired attestation and select the Action you would like to perform.
Please note only one Action can be perofmed at a time on this page.
Name
Tax Identifier
National Provider Identifier (NPI)
Period
Status
Action
General Hospital
(EIN)
Payment Year 1 (10/1/2010 - 9/30/2011)
Amend
Provider Name
(SSN)
Payment Year 1 (1/1/2011 - 12/31/2011)
Amend
Department of Health & Human Services
Bureau for Medical Services
Web Policies & Important Links
Accessibility
WV Medicaid Provider Services, PO Box 2002, Charleston, WV 25327-2002

Figure 32: Attestation Selection Example

1. Review the Attestation status displayed on the Attestation Topics Page. If the provider is not listed, please select the Status tab. The Status tab will display the current attestation. Locate the provider in the list to see the error that prevented the provider from executing the attestation process.
2. The topics available on this page are as follows.

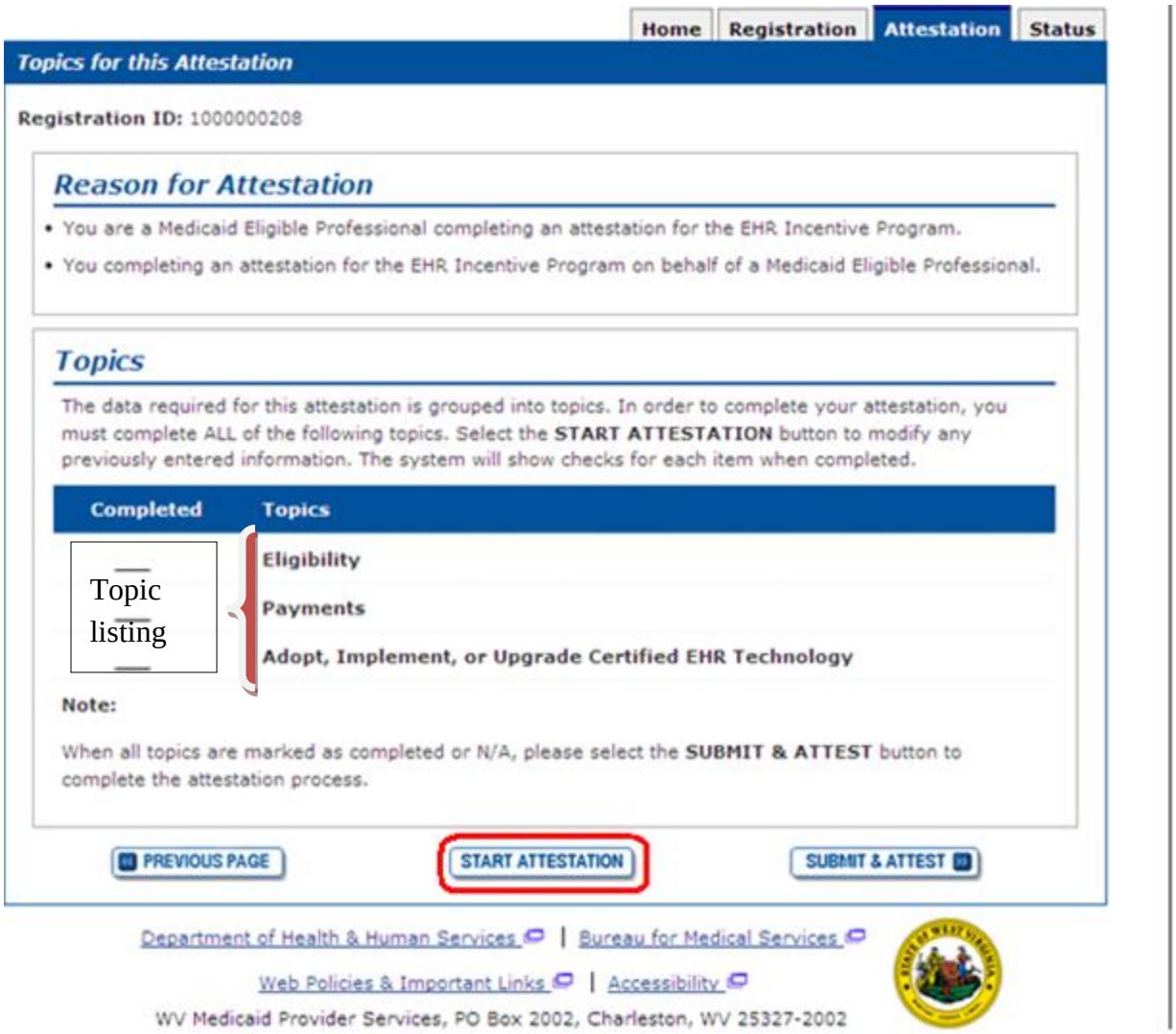

Home
Registration
Attestation
Status
Topics for this Attestation
Registration ID: 1000000208
Reason for Attestation
• You are a Medicaid Eligible Professional completing an attestation for the EHR Incentive Program.
• You completing an attestation for the EHR Incentive Program on behalf of a Medicaid Eligible Professional.
Topics
The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. Select the START ATTESTATION button to modify any previously entered information. The system will show checks for each item when completed.
Completed
Topics
Topic listing
Eligibility
Payments
Adopt, Implement, or Upgrade Certified EHR Technology
Note:
When all topics are marked as completed or N/A, please select the SUBMIT & ATTEST button to complete the attestation process.
PREVIOUS PAGE
START ATTESTATION
SUBMIT & ATTEST
Department of Health & Human Services | Bureau for Medical Services
Web Policies & Important Links | Accessibility
WV Medicaid Provider Services, PO Box 2002, Charleston, WV 25327-2002

Figure 33: Reason for Attestation Example

✍ *The topic listing identifies the completed topic by placing a check mark next to the topic. A topic is completed when the required answers are entered and saved.*

✍ *Topics become available as prerequisite topics are completed.*

3. Select the Start Attestation button to start the attestation process or to continue to add and modify data already entered.
4. Select the Submit & Attest button when all data is entered and verified. Changes may be made up to 48 hours. After 48 hours expire, the data is submitted to the State for review.

- ❑ The Submit & Attest button is disabled on the initial selection of a registration id.
- ❑ The Submit & Attest button is disabled if the Eligibility check was set to Ineligible.

5. Select the Previous page button to display the Attestation Instructions page.
6. On selection of the Start Attestation button, the Registration Information will display.

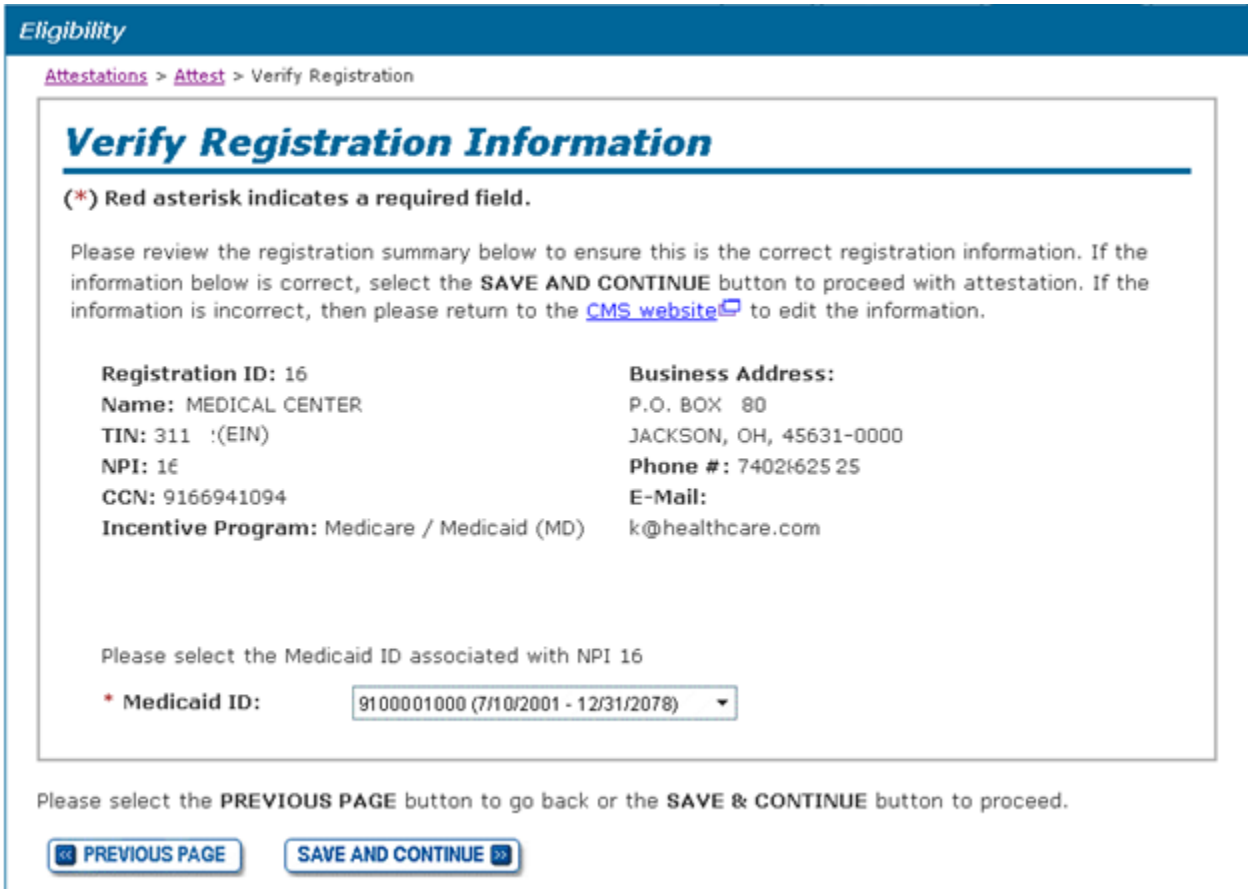

Eligibility
Attestations > Attest > Verify Registration
Verify Registration Information
(*) Red asterisk indicates a required field.
Please review the registration summary below to ensure this is the correct registration information. If the information below is correct, select the SAVE AND CONTINUE button to proceed with attestation. If the information is incorrect, then please return to the CMS website to edit the information.
Registration ID: 16
Name: MEDICAL CENTER
TIN: 311 :(EIN)
NPI: 1€
CCN: 9166941094
Incentive Program: Medicare / Medicaid (MD)
Business Address:
P.O. BOX 80
JACKSON, OH, 45631-0000
Phone #: 7402625 25
E-Mail:
k@healthcare.com
Please select the Medicaid ID associated with NPI 16
* Medicaid ID:
9100001000 (7/10/2001 - 12/31/2078)
Please select the PREVIOUS PAGE button to go back or the SAVE & CONTINUE button to proceed.
PREVIOUS PAGE
SAVE AND CONTINUE

Figure 34: Verify Registration Information Example

1. Select Medicaid ID using the dropdown box
   - Select the Medicaid ID to attest for. A provider can have one-to-many Medicaid ids on file matching to the provider's single NPI on record. The designated NPI for institutional providers should be matched to its corresponding Medicaid ID the provider wishes to have the payment sent to ensure the appropriate match to the local Medicaid payee records
2. Select Continue button if after selecting the correct registration id.

3. Select Previous Page if the incorrect registration id was selected or need to return to the Attestations Instructions page or select the Attestation Tab.

10.4.1 Attestation Eligibility

When the facility representative selects the organization's registration number associated with the facility and continues with the attestation portion of the Incentive application process, the solution presents the user with a series of screens to complete the provider's eligibility check under the regulations and to gather the appropriate data needed to calculate the provider's payment.

10.4.1.1 Eligibility Screen 1 – Volume Check

The purpose of this screen is to determine if the volume of Medicaid patients within the facility makes it potentially eligible for Medicaid EHR Incentive payment by the State.

In order to be eligible for the Medicaid EHR Incentive Program the hospital must have:

- CAH or Acute Care Hospitals must have at least 10% Medicaid volume.
- Children's hospitals will not see this screen since they are exempt from volume check.

WV Provider Incentive Program defines a hospital encounter as:

"A count of unduplicated count of Medicaid encounters for the provider in the 90 day period. An encounter for a hospital is defined as services rendered to an individual per inpatient discharge AND services rendered to an individual in an emergency department on any one day where Medicaid or a Medicaid demonstration paid for part or all of the service or paid all or part of their premiums, co-payments, and/or cost-sharing."

In other words, an Eligible Hospital should count the following as 1 patient encounter: 1 to many claims for the same patient where the claim has the same DOS and the same rendering/attending provider. All claims related to the actual "encounter" with the patient for the same date, same provider.

The WV EHR Incentive Payment solution includes a calculation to derive the number of unduplicated encounters for a provider by reviewing all Medicaid paid and reversed claims for the provider within the system for the timeframe specified during attestation. The West Virginia EHR Incentive Payment solution will run a report from the MMIS system to validate the FFS encounter count within the numerator.

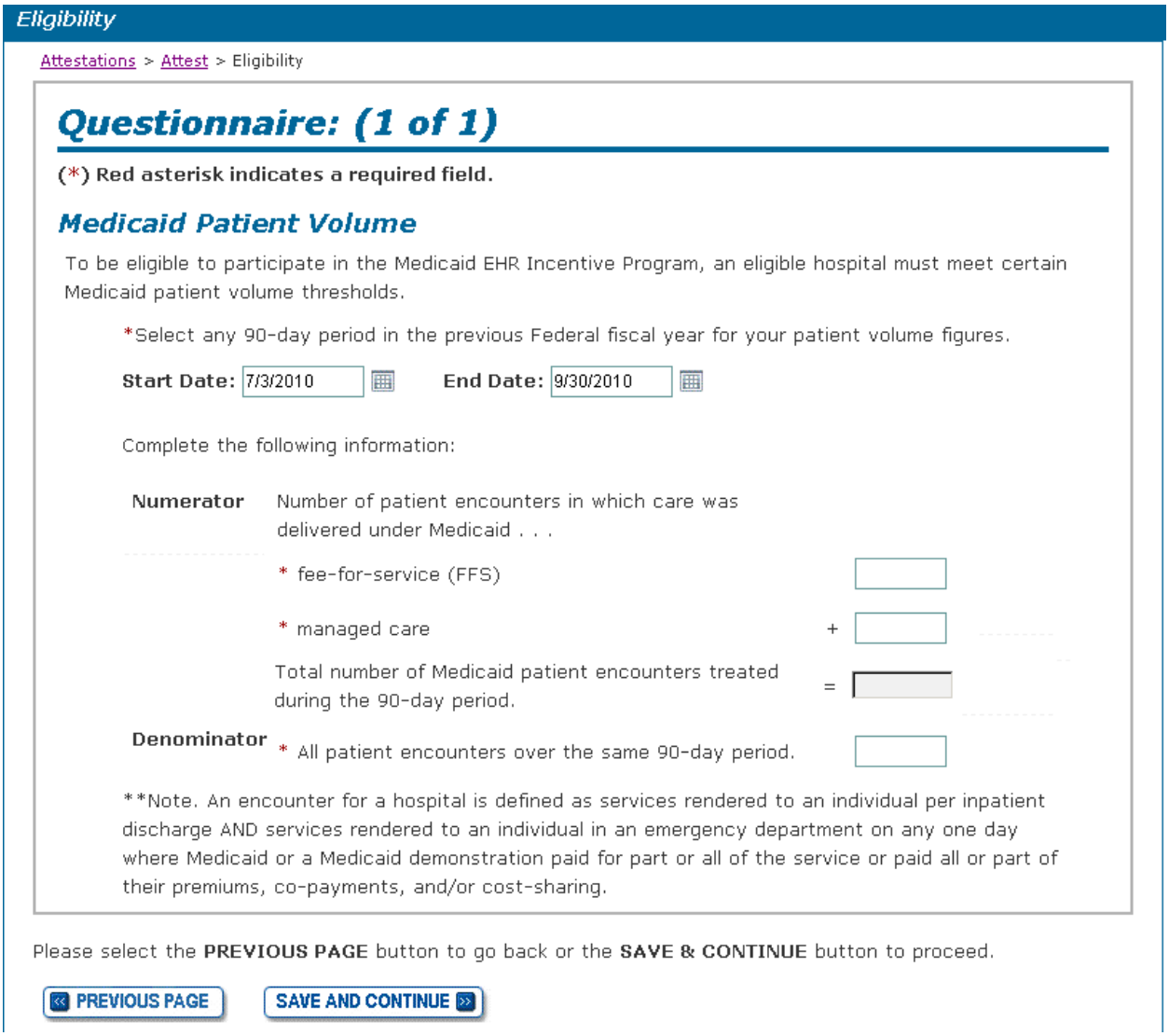

Eligibility
Attestations > Attest > Eligibility
Questionnaire: (1 of 1)
(*) Red asterisk indicates a required field.
Medicaid Patient Volume
To be eligible to participate in the Medicaid EHR Incentive Program, an eligible hospital must meet certain Medicaid patient volume thresholds.
*Select any 90-day period in the previous Federal fiscal year for your patient volume figures.
Start Date: 7/3/2010
End Date: 9/30/2010
Complete the following information:
Numerator
Number of patient encounters in which care was delivered under Medicaid . . .
* fee-for-service (FFS)
* managed care
+
Total number of Medicaid patient encounters treated during the 90-day period.
=
Denominator
* All patient encounters over the same 90-day period.
**Note. An encounter for a hospital is defined as services rendered to an individual per inpatient discharge AND services rendered to an individual in an emergency department on any one day where Medicaid or a Medicaid demonstration paid for part or all of the service or paid all or part of their premiums, co-payments, and/or cost-sharing.
Please select the PREVIOUS PAGE button to go back or the SAVE & CONTINUE button to proceed.
PREVIOUS PAGE
SAVE AND CONTINUE

Figure 35: Medicaid Volume Example

- NOTE: An encounter for hospitals is defined as the number of inpatient discharges and the number of ER encounters over a 90 day period during the first incentive year and a full twelve months during subsequent years. An encounter is defined as an unduplicated personal direct contact or series of contacts occurring within the same day. Enter Start Date by typing in the date or selecting the Calendar Icon. The system will automatically calculate the 90 day end date.

1. Enter the Numerator.
   - ❖ Do not add commas. System will format with commas after entry.
2. Enter the Denominator.
   - ❖ Do not add commas. System will format with commas after entry.
3. Enter in MCO amount
   - ❖ Do not add commas. System will format with commas after entry.

4. Select Save and Continue button.

The system validates if all fields have data entered.

If any errors occur, check the dates, numerator, and denominator. Please enter the appropriate data.

If no errors occur, the Payment Calculation pages displays

10.4.2 Payment Amount

This section identifies the steps to add the data to calculate the potential payment. Enter in the required information in the payment screens, which are described below. The system will calculate the amount based on the information entered. **Please refer to the section contained within the manual and the Hospital EHR Incentive workbook for an explanation on how to select the appropriate cost report.**

Payment calculations are based on data entered by the representative completing the attestation and using the calculation formulas required by CMS. WV Medicaid EHR Incentive Program payment distribution is to be distributed over a 3 year period as follows:

- 50% in the first year
- 40% in the second year
- 10% in the third year

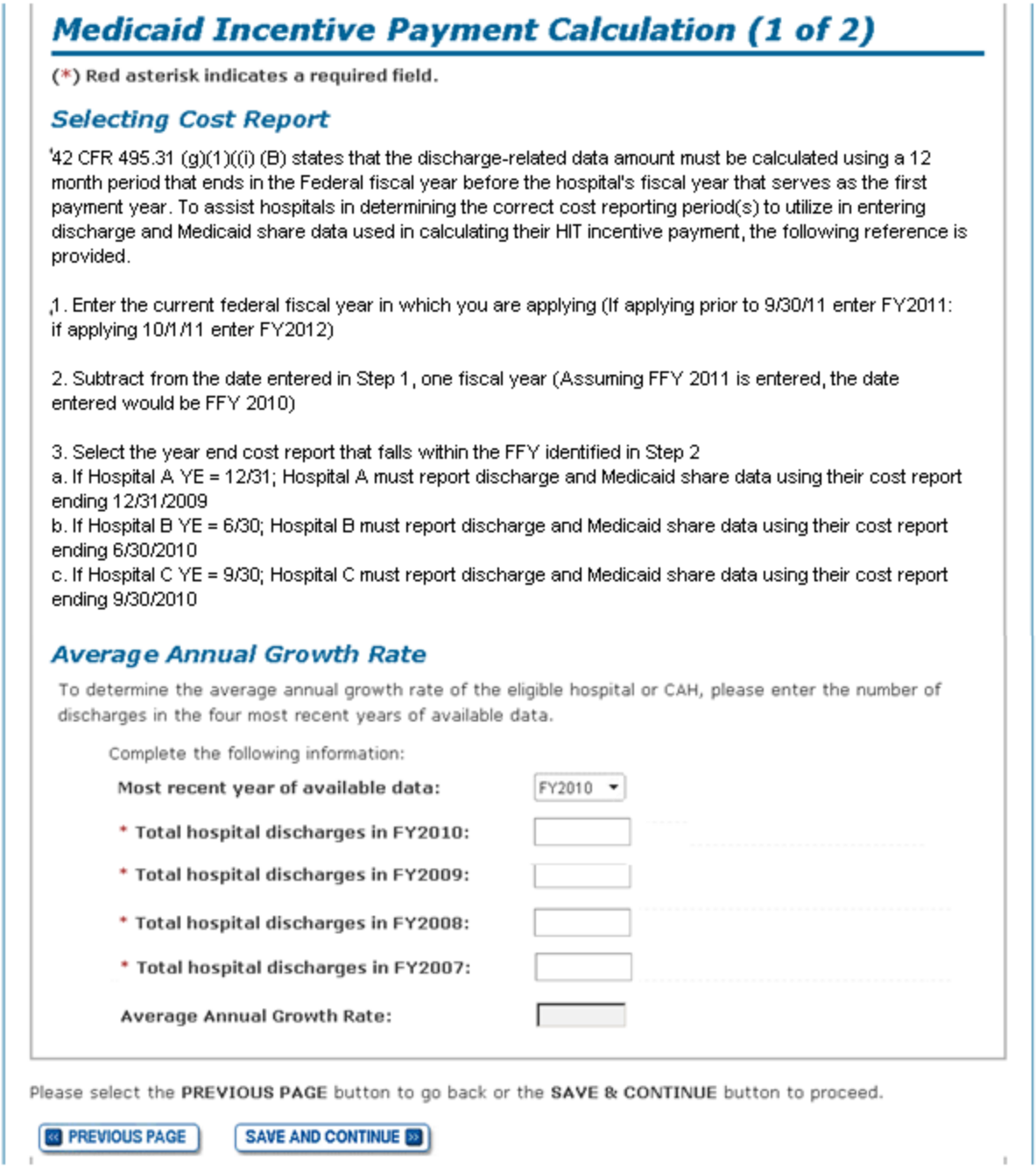

Medicaid Incentive Payment Calculation (1 of 2)
(*) Red asterisk indicates a required field.
Selecting Cost Report
'42 CFR 495.31 (g)(1)((i) (B) states that the discharge-related data amount must be calculated using a 12 month period that ends in the Federal fiscal year before the hospital's fiscal year that serves as the first payment year. To assist hospitals in determining the correct cost reporting period(s) to utilize in entering discharge and Medicaid share data used in calculating their HIT incentive payment, the following reference is provided.
1. Enter the current federal fiscal year in which you are applying (If applying prior to 9/30/11 enter FY2011: if applying 10/1/11 enter FY2012)
2. Subtract from the date entered in Step 1, one fiscal year (Assuming FFY 2011 is entered, the date entered would be FFY 2010)
3. Select the year end cost report that falls within the FFY identified in Step 2
a. If Hospital A YE = 12/31; Hospital A must report discharge and Medicaid share data using their cost report ending 12/31/2009
b. If Hospital B YE = 6/30; Hospital B must report discharge and Medicaid share data using their cost report ending 6/30/2010
c. If Hospital C YE = 9/30; Hospital C must report discharge and Medicaid share data using their cost report ending 9/30/2010
Average Annual Growth Rate
To determine the average annual growth rate of the eligible hospital or CAH, please enter the number of discharges in the four most recent years of available data.
Complete the following information:
Most recent year of available data:
FY2010
* Total hospital discharges in FY2010:
* Total hospital discharges in FY2009:
* Total hospital discharges in FY2008:
* Total hospital discharges in FY2007:
Average Annual Growth Rate:
Please select the PREVIOUS PAGE button to go back or the SAVE & CONTINUE button to proceed.
PREVIOUS PAGE
SAVE AND CONTINUE

Figure 36: Payment Calculation Question 1 Example

Please refer the following instructions to find the most recent year of available discharge data to determine your average annual growth percentage:

42 CFR 495.31 (g)(1)((i) (B) states that the discharge-related data amount must be calculated using a 12 month period that ends in the Federal fiscal year before the hospital's fiscal year that serves as the first payment year. To assist hospitals in determining the correct cost reporting period(s) to utilize in entering discharge and Medicaid share data used in calculating their WV EHR incentive payment, the following reference is provided.

1. Enter the current federal fiscal year in which you are applying (If applying prior to 9/30/11, enter FY2011: if applying 10/1/11, enter FY2012)

2. Subtract from the date entered in Step 1, one fiscal year (Assuming FFY 2011 is entered, the date entered would be FFY 2010)

Screen Entry Instructions

1. **Select the most recent year of available data**

If FY2010 is not correct, select down arrow and move bar to the desired year and select.

2. **Enter total hospital discharges in FY20XX, where XX is the appropriate year.**
   - ❖ Do not add commas. System will format with commas after entry.
3. **Enter total hospital discharges in FY20XX, where XX is the appropriate year.**
   - ❖ Do not add commas. System will format with commas after entry.
4. **Enter total hospital discharges in FY20XX, where XX is the appropriate year.**
   - ❖ Do not add commas. System will format with commas after entry.
5. **Enter total hospital discharges in FY20XX, where XX is the appropriate year.**
   - ❖ Do not add commas. System will format with commas after entry.
6. **Step 6: System calculates the Average Annual Growth rate. It is not modifiable.**

   DEFINITION: The growth percentage is used in calculating potential incentive payment. The fiscal year is calculated using the recent year entered above. Using the discharge data selected for the four years preceding the most recent year of discharge data available via cost report, the system will calculate the facility's growth percentage average as it is entered into the WV EHR Incentive Payment solution.
7. **Step 7: Select Save and Continue**

.

The system validates if all fields have data entered.

If errors occurs,

- Supply numbers for each field. Please enter the appropriate data.
- Execute Step 7

If no errors occur, the **Payment Calculation Question 2 screen** displays.

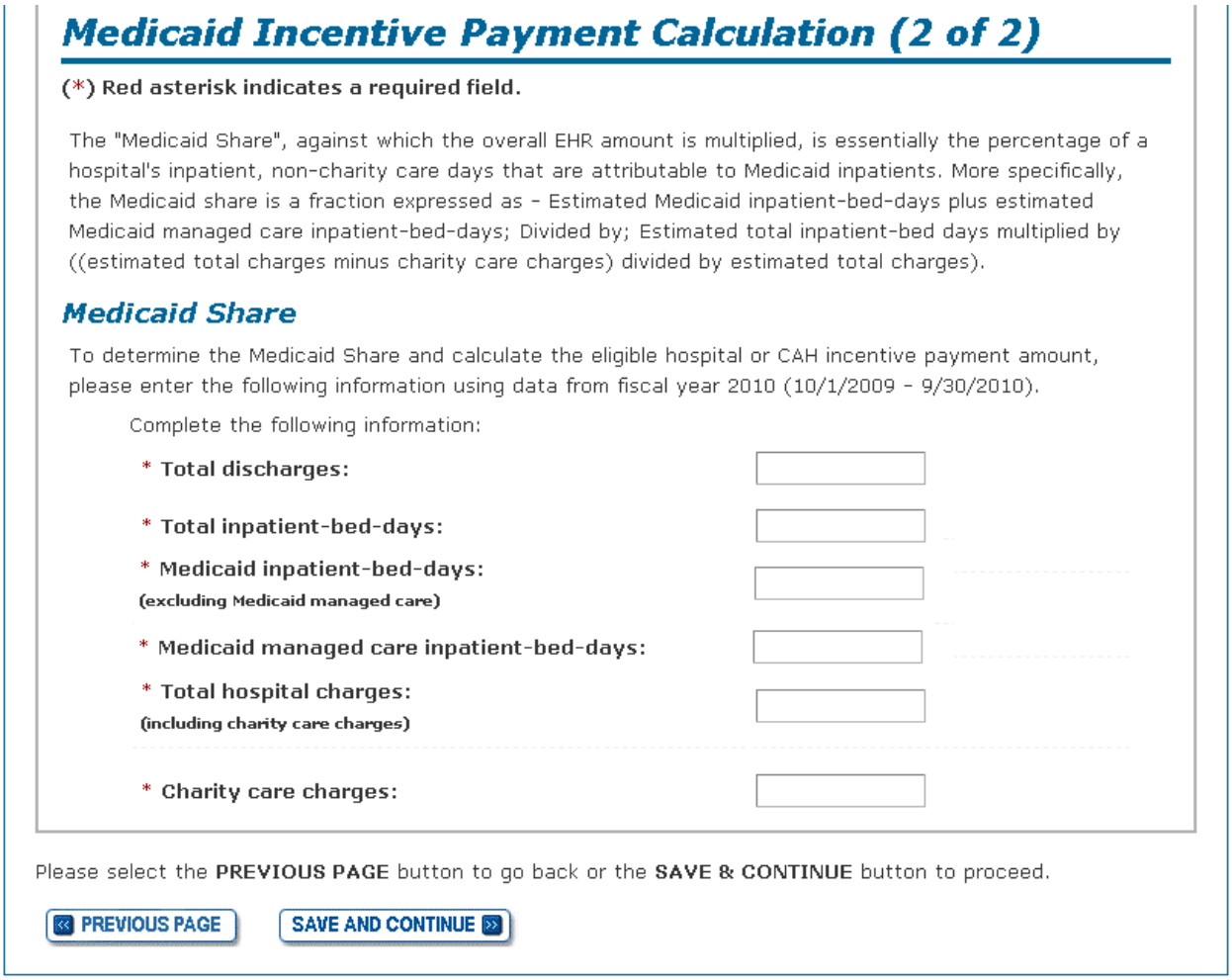

Medicaid Incentive Payment Calculation (2 of 2)
(*) Red asterisk indicates a required field.
The "Medicaid Share", against which the overall EHR amount is multiplied, is essentially the percentage of a hospital's inpatient, non-charity care days that are attributable to Medicaid inpatients. More specifically, the Medicaid share is a fraction expressed as - Estimated Medicaid inpatient-bed-days plus estimated Medicaid managed care inpatient-bed-days; Divided by; Estimated total inpatient-bed days multiplied by ((estimated total charges minus charity care charges) divided by estimated total charges).
Medicaid Share
To determine the Medicaid Share and calculate the eligible hospital or CAH incentive payment amount, please enter the following information using data from fiscal year 2010 (10/1/2009 - 9/30/2010).
Complete the following information:
* Total discharges:
* Total inpatient-bed-days:
* Medicaid inpatient-bed-days:
(excluding Medicaid managed care)
* Medicaid managed care inpatient-bed-days:
* Total hospital charges:
(including charity care charges)
* Charity care charges:
Please select the PREVIOUS PAGE button to go back or the SAVE & CONTINUE button to proceed.
PREVIOUS PAGE
SAVE AND CONTINUE

Figure 37: Payment Calculation Question 2 Example

1. **Enter Total discharges**
   - ❖ Do not add commas. System will format with commas after entry.
2. **Enter total inpatient-bed-days**
   - ❖ Do not add commas. System will format with commas after entry.

3. **Enter Medicaid inpatient-bed-days**
   - ❖ Do not add commas. System will format with commas after entry.
4. **Enter Medicaid managed care inpatient-bed-days**
   - ❖ Do not add commas. System will format with commas after entry.
5. **Enter total hospital charges**
   - ❖ Do not add commas. System will format with commas after entry.
6. **Enter charity care changes**
   - ❖ Do not add commas. System will format with commas after entry.
7. **Step 7: Select Save and Continue** SAVE AND CONTINUE **.**

   The system validates if all fields have data entered.

   If errors occur,
   - Supply numbers for each field. Please enter the appropriate data.
   - Execute Step 7

   If no errors occur, the Payment Schedule screen displays.

10.4.3 Attestation Payment Schedule

This section identifies the steps to add the data to calculate the potential payment to the hospital. A facility representative will enter in the required information in the payment screens, which are described below. The system will calculate the amount for the organization based on the information that was entered.

10.4.3.1 Hospital Payment Calculation Formula

The hospital payment calculation formula was created by CMS.

STEP 1: Calculate the EHR amount

EHR Amount = ($2,000,000 + ($200.00*Total Discharges))*transition factor

The sum of the calculation will be performed in a hypothetical 4 year period.

The base amount of $2,000,000 plus the discharge related amount = $200 for the 1,150th through the 23,000th discharge for each 12 month period.) The solution does not consider discharges less than 1,150 or over 23,000. If the number is over 23,000, the solution will use 23, 000 as the total

discharges number for the equation. If the number is below 1, 150, the solution will assign 0 as the total discharge amount.

Multiplied by: the transition factor for the year:

- 1 – for Year 1
- 3/4 – for Year 2
- 1/2 – for Year 3
- 1/4 – for Year 4

Step 2: Calculate Medicaid Share

Medicaid Share = (Estimated Medicaid inpatient-bed-days + estimated Medicaid managed inpatient-bed-days) divided by: (Estimated total inpatient-bed-days * (estimated total charges – charity care charges)) divided by estimated total charges.

Step 3: Multiply the EHR Amount * Medicaid Share = Total Hospital Incentive Payment Amount

Example

Hospital A: ***Discharges 2000 in FY2010. Assume that for the four-year period of participation, Hospital A had 5,000 Medicaid inpatient-bed-days and 2,000 Medicaid managed care inpatient-bed-days. Its total inpatient-bed-days in FY 2010 were 21,000. Hospital A's total charges excluding charity care were $8,700,000, and its total charges for the period were $10,000,000. The annual growth data for the last three years of available data are: FY 2005 — .022 annual growth rate FY 2006 — .025 annual growth rate FY 2007 — .017 annual growth rate.***

The average growth rate is 022+.025+.017/3=.0213.

Total discharges are calculated as: 2000*1.0213=2043, 2043*1.0213=2087, 2087*1.0213=2131

Hospital A's aggregate EHR amount would be $2,069,936.00.

It was calculated as follows:

Initial Amount (with annual growth rate factored in to the number of discharges) * Transition Factor Year 1—$2,170,200 = {2,000,000 + [(2,000–1,149) * 200]} * 1

Year 2—$1,634,100 = {2,000,000 + [(2,043–1,149) * 200]} * .75

Year 3—$1,093,800 = {2,000,000 + [(2,087–1,149) * 200]} * .50

Year 4—$549,100 = {2,000,000 + [(2,131–1,149) * 200]} * .25

Overall EHR Amount = $5,447,200

Medicaid Share – 0.38 = ([5,000 + 2,000] divided by [21,000 x (8,700,000/10,000,000)])

Aggregate EHR Amount – $5,447,200 x 0.38 = $2,069,936.00

Please note, that WV elected to have the total payment paid over a three year period utilizing the following:

- Year1 = 50%
- Year2 – 40%
- Year3 = 10%

Payments also have the following rules applied in the WV Solution:

- The last year a hospital may begin receiving Medicaid incentive payments is 2016.
- Payments made over a minimum of 3 years and a maximum of 6 years.
- No annual payment may exceed 50% of the total calculation; no 2-year payment may exceed 90%.
- No annual payment may exceed 50% of the total calculation; no 2-year payment may exceed 90%

The payment schedule will display on the Payment Schedule screen as shown below in **Figure 38.**

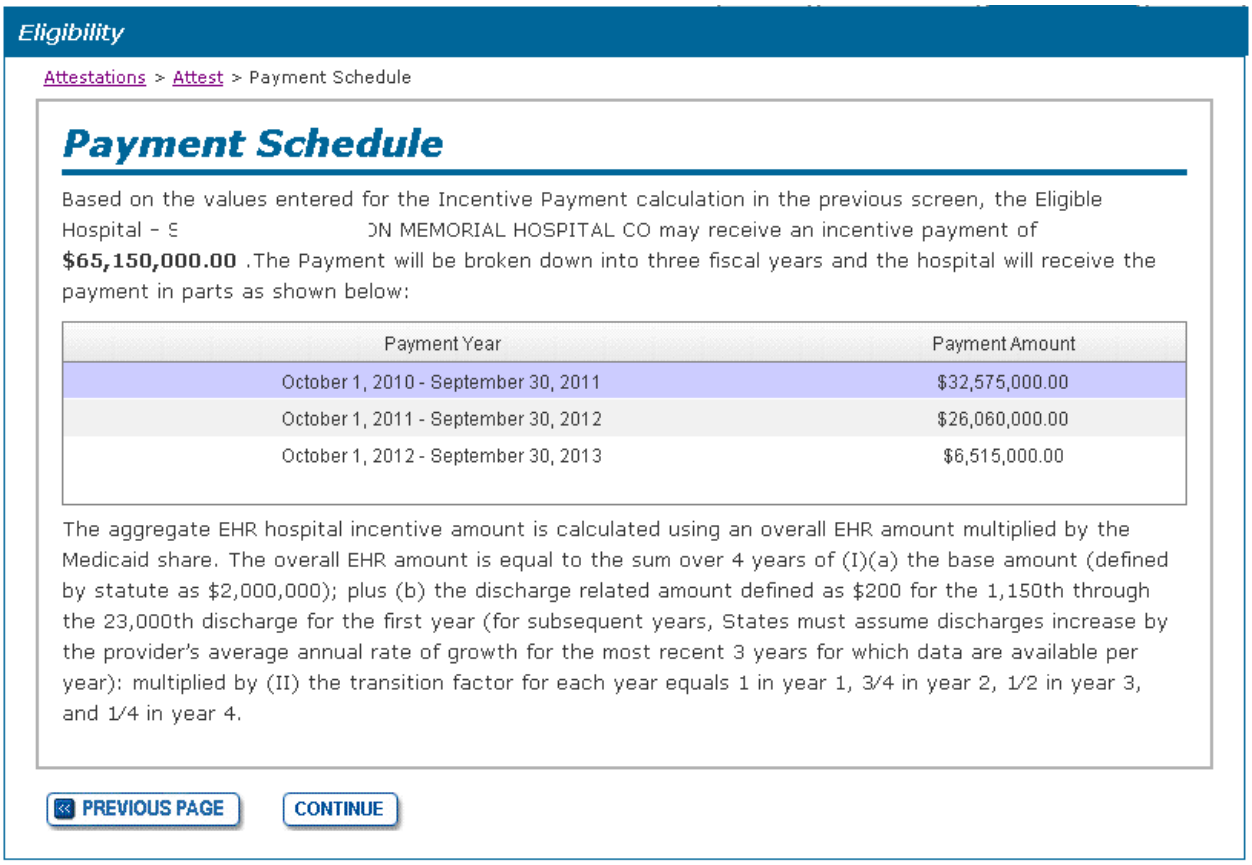

Eligibility
Attestations > Attest > Payment Schedule
Payment Schedule
Based on the values entered for the Incentive Payment calculation in the previous screen, the Eligible Hospital - S ON MEMORIAL HOSPITAL CO may receive an incentive payment of $65,150,000.00 .The Payment will be broken down into three fiscal years and the hospital will receive the payment in parts as shown below:
Payment Year
Payment Amount
October 1, 2010 - September 30, 2011
$32,575,000.00
October 1, 2011 - September 30, 2012
$26,060,000.00
October 1, 2012 - September 30, 2013
$6,515,000.00
The aggregate EHR hospital incentive amount is calculated using an overall EHR amount multiplied by the Medicaid share. The overall EHR amount is equal to the sum over 4 years of (I)(a) the base amount (defined by statute as $2,000,000); plus (b) the discharge related amount defined as $200 for the 1,150th through the 23,000th discharge for the first year (for subsequent years, States must assume discharges increase by the provider's average annual rate of growth for the most recent 3 years for which data are available per year): multiplied by (II) the transition factor for each year equals 1 in year 1, 3/4 in year 2, 1/2 in year 3, and 1/4 in year 4.
PREVIOUS PAGE
CONTINUE

Figure 38: Payment Schedule Example

1. Select Continue button to display the Adopt, Implement, or Upgrade EHR screen.
2. Select Previous Page button to display the Eligibility screen.

10.4.4 Attestation Adopt, Implement, Use Certified EMR system

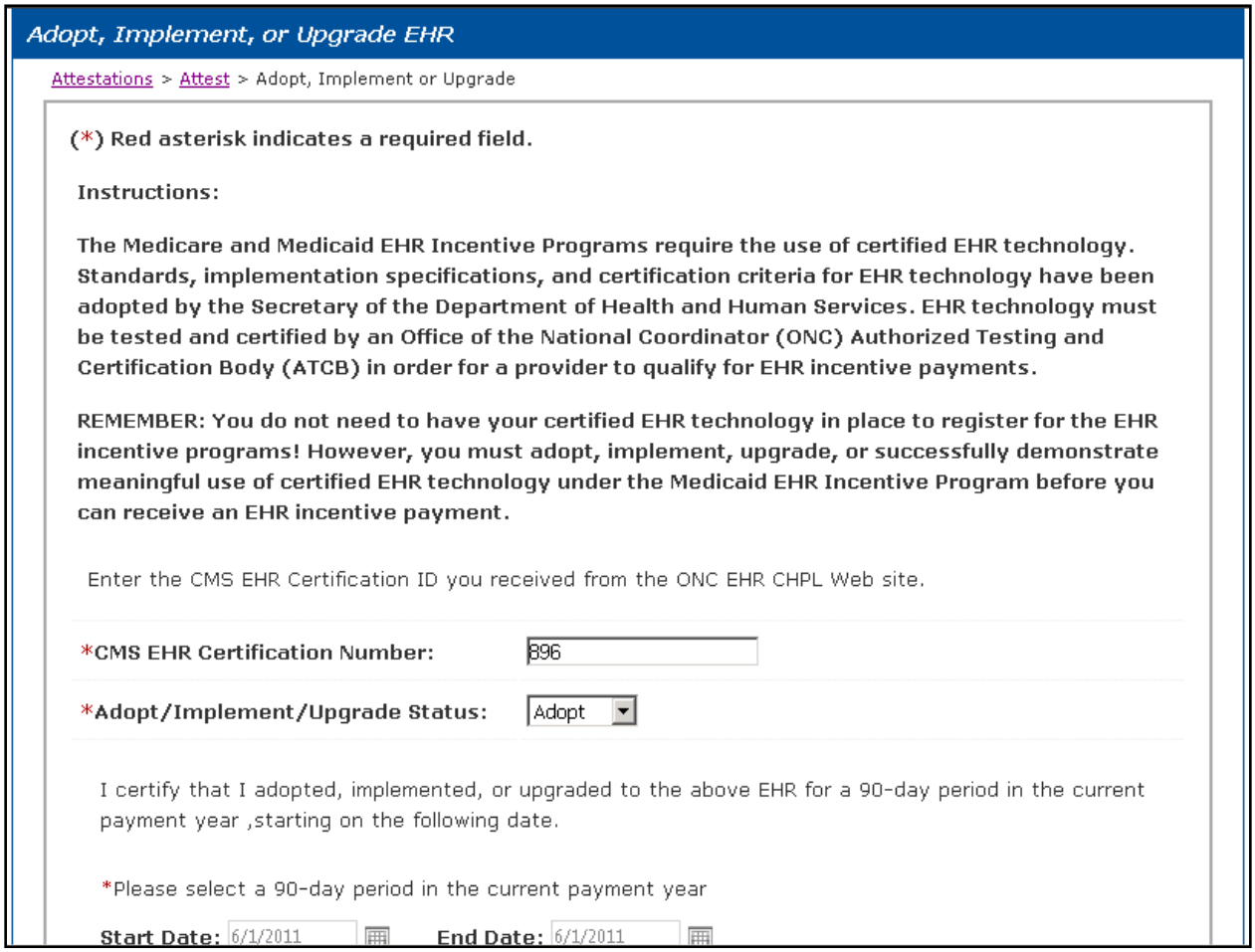

Adopt, Implement, or Upgrade EHR
Attestations > Attest > Adopt, Implement or Upgrade
(*) Red asterisk indicates a required field.
Instructions:
The Medicare and Medicaid EHR Incentive Programs require the use of certified EHR technology. Standards, implementation specifications, and certification criteria for EHR technology have been adopted by the Secretary of the Department of Health and Human Services. EHR technology must be tested and certified by an Office of the National Coordinator (ONC) Authorized Testing and Certification Body (ATCB) in order for a provider to qualify for EHR incentive payments.
REMEMBER: You do not need to have your certified EHR technology in place to register for the EHR incentive programs! However, you must adopt, implement, upgrade, or successfully demonstrate meaningful use of certified EHR technology under the Medicaid EHR Incentive Program before you can receive an EHR incentive payment.
Enter the CMS EHR Certification ID you received from the ONC EHR CHPL Web site.
*CMS EHR Certification Number:
896
*Adopt/Implement/Upgrade Status:
Adopt
I certify that I adopted, implemented, or upgraded to the above EHR for a 90-day period in the current payment year ,starting on the following date.
*Please select a 90-day period in the current payment year
Start Date: 6/1/2011
End Date: 6/1/2011

Figure 39: CMS EHR Entry Example

PREVIOUS PAGE
SAVE AND CONTINUE
Department of Health & Human Services
Bureau for Medical Services
Web Policies & Important Links
Accessibility
WV Medicaid Provider Services, PO Box 2002, Charleston, WV 25327-2002

Figure 40: CMS EHR Buttons Example

The Office of the National Coordinator Authorized Testing and Certification Body (ONC-ATCB) tests and certifies EMR systems. If the EMR system is approved, it is assigned a certification number. The web site below is the Certified Health IT Product List web site where you are able to look up your EMR to find the certification number or register your EMR. Please contact the Help Contacts listed on the Certified Health IT Product List web site if you have questions.

- http://onc-chpl.force.com/ehrcert

1. Enter the EHR Certification number
2. Select the option of adopted, implemented, or upgraded based on your EHR usage.
3. Select the 90 day period that the EHR system was adopted, implemented, or upgraded.

   Type in dates or select a date via the Calendar function.

   System will calculate the 90 days from the start or end date that you entered.
4. Select Save and Continue button.

   The system validates if all fields have data entered.

   Error message displays if you did not:

   - supply EHR Certification number
   - select an required option
   - supply a 90 day start and end date

If all topics have been answered, the Submit button will be available.

10.5 Submit Attestation and payment status

The Submit Attestation button remains disabled if the eligibility checks failed or not all required questions have been answered. If the eligibility checks passed and all required questions are answered, the Submit Attestation button is available. On selection of the Submit Attestation button, the following screen displays.

Attestation Information
Please review the summary below to ensure this is the correct attestation information and reason you wish to submit. If the summary below is correct, select the CONTINUE button at the bottom of this page.
For changes to the Registration Data you need to please return to the CMS website to edit the information. To make changes to your Attestation Details click the PREVIOUS button
Registration Data:
Registration ID: 1
Name: I
TIN: XX
NPI: 1
Payee NPI: 1
Payee TIN: 1
Incentive Program: Medicaid
Business Address:
PO BOX 0
MORGANTOWN, WV, 26507-780
Phone #: 300
E-Mail: k@.com.
Verify Email Address:
Confirm or update the email address to which you would like to receive notifications about the status of the attestation.
Email Address:
Reason(s) for Submission
You are an Eligible Professional attesting for a payment year in the incentive program.
You have decided to resubmit your attestation information.
PREVIOUS PAGE
SUBMIT

Figure 41: Reason to Submit Attestation Example

Enter an email address if the one listed in the E-mail field is incorrect.

Select Submit button. This displays the Successful Submission screen. An example is below.

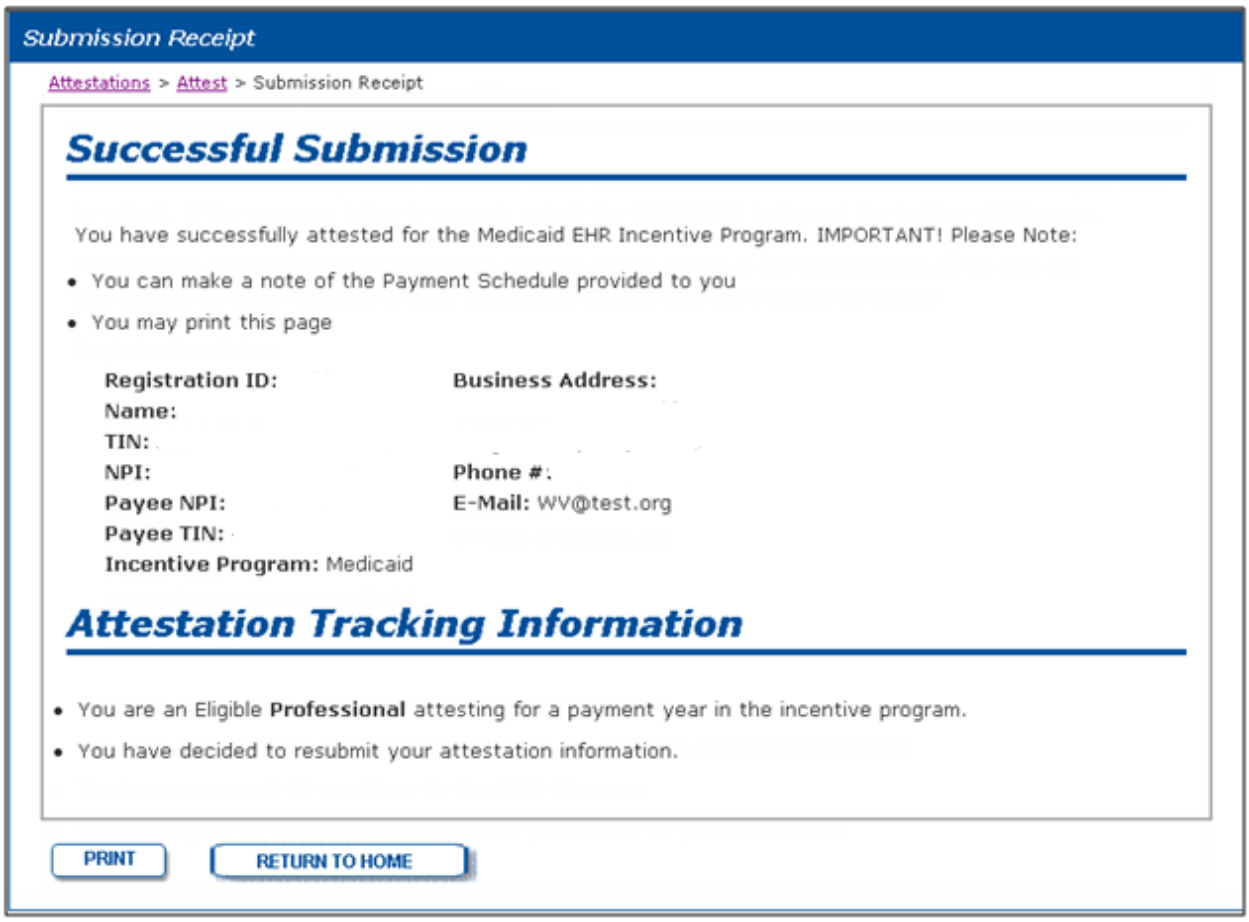

Submission Receipt
Attestations > Attest > Submission Receipt
Successful Submission
You have successfully attested for the Medicaid EHR Incentive Program. IMPORTANT! Please Note:
You can make a note of the Payment Schedule provided to you
You may print this page
Registration ID:
Business Address:
Name:
TIN:
NPI:
Phone #:
Payee NPI:
E-Mail: WV@test.org
Payee TIN:
Incentive Program: Medicaid
Attestation Tracking Information
You are an Eligible Professional attesting for a payment year in the incentive program.
You have decided to resubmit your attestation information.
PRINT
RETURN TO HOME

Figure 42 – Submission Receipt Window Example

On the successful submission, the attestation tasks have been completed. The WV Provider Incentive Program provides 48 hours to make changes. If changes are made, the 48 hour count restarts. Once the 48 hours have expired, the WV Provider Incentive Program application will lock the attestation data and execute final eligibility checks by validating the provider entered numbers are within a 10% variance of claims on file and query the CMS NLR to determine if payments have been paid. This processing will take time and payment will not be sent right after submitting your attestation.

After the eligibility checks and payment checks are executed, the WV Provider Incentive Program application will send an email with the status that was found. If an eligibility or payment error has occurred and is in question, please contact the WV Medicaid Provider Services Help Desk at 888-482-0793 option 8.

The WV Provider Incentive Program application displays the errors. Select the Status tab to display the error and the current Attestation status.

11. References

http://www.cms.gov/QualityMeasures/Downloads/QMGuideForReadingEHR.pdf

12. Status Grid

The table lists the attestation status that may occur.

Provider Screen Status	Admin Portal Attestation Status	Description - Provider
Attestation Not Allowed	Attestation Not Allowed	Provider's registration did not pass the inital eligibility check.
Attestation Not Started	Attestation Not Started	Provider's registration has processed successful; but the provider has not yet logged into the PIP solution and begun their attestation
Attestation In Progress	Attestation In Progress	Provider has opened their attestation and is actively editing it.
Submitted	Submitted	This status appears after submission for 48 hrs till final provider eligibility check is run. Provider can cancel an attestation and re-edit it for 2 days after submission prior to it being "finalized"
Pended	Pended	Provider sees "Pended"
Provider has failed final Elig check • POS Error • Volume error • Pay hold error	Resubmit	Provider sees "Resubmit" and the appropriate reason message for the eligibility error
Accepted	Accepted	Provider will see their attestation on the Status tab. The status will be Accepted
• Locked for Payment • Excluded from payment	Locked For Payment Excluded From Payment	Attestation remains on the Status tab only. Waiting for payment validation from NLR

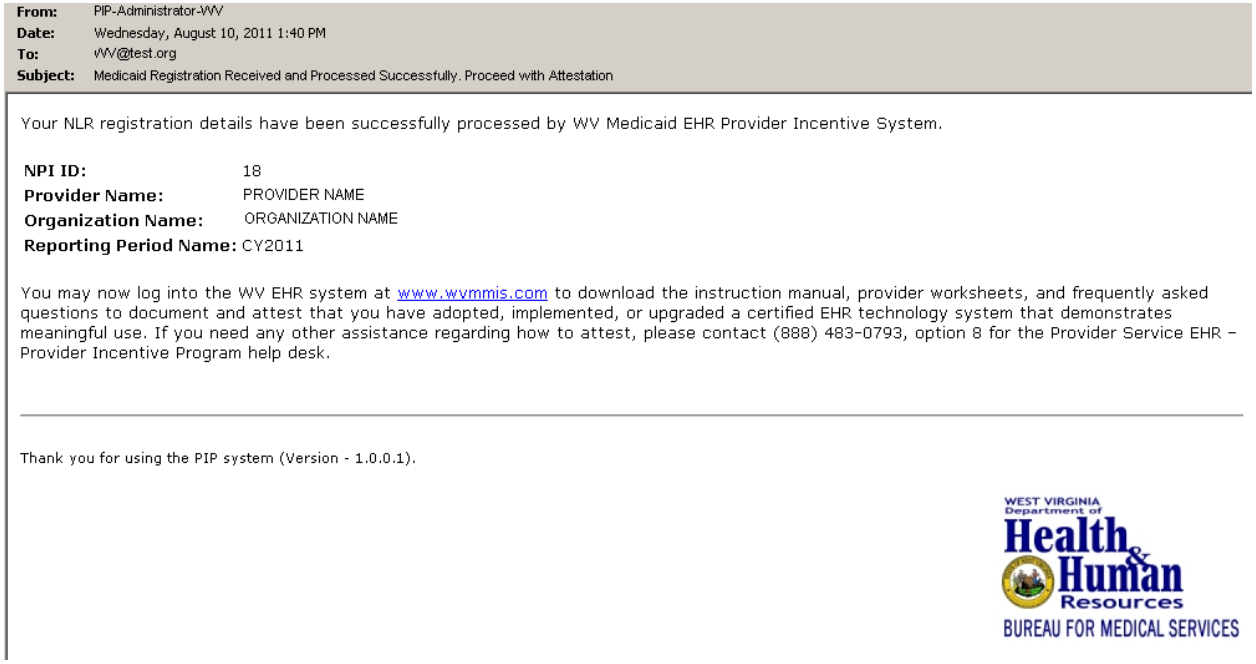
Figure 43: Attestation Status Grid Example

13. Successful Registration with CMS Email

After registering with CMS, it may take up to 48 hours before this message is received.

- The delay is for CMS processing the registration received and sending them to the appropriate State repository. The Provider Portal application will see the registration in this State repository and process the registration. The Provider Portal application checks for valid provider type and active enrollment in Medicaid.

When this message is received, log into the Provider Portal to register and attest for this provider.



From: PIP-Administrator-WV
Date: Wednesday, August 10, 2011 1:40 PM
To: WV@test.org
Subject: Medicaid Registration Received and Processed Successfully. Proceed with Attestation

Your NLR registration details have been successfully processed by WV Medicaid EHR Provider Incentive System.

NPI ID: 18
Provider Name: PROVIDER NAME
Organization Name: ORGANIZATION NAME
Reporting Period Name: CY2011

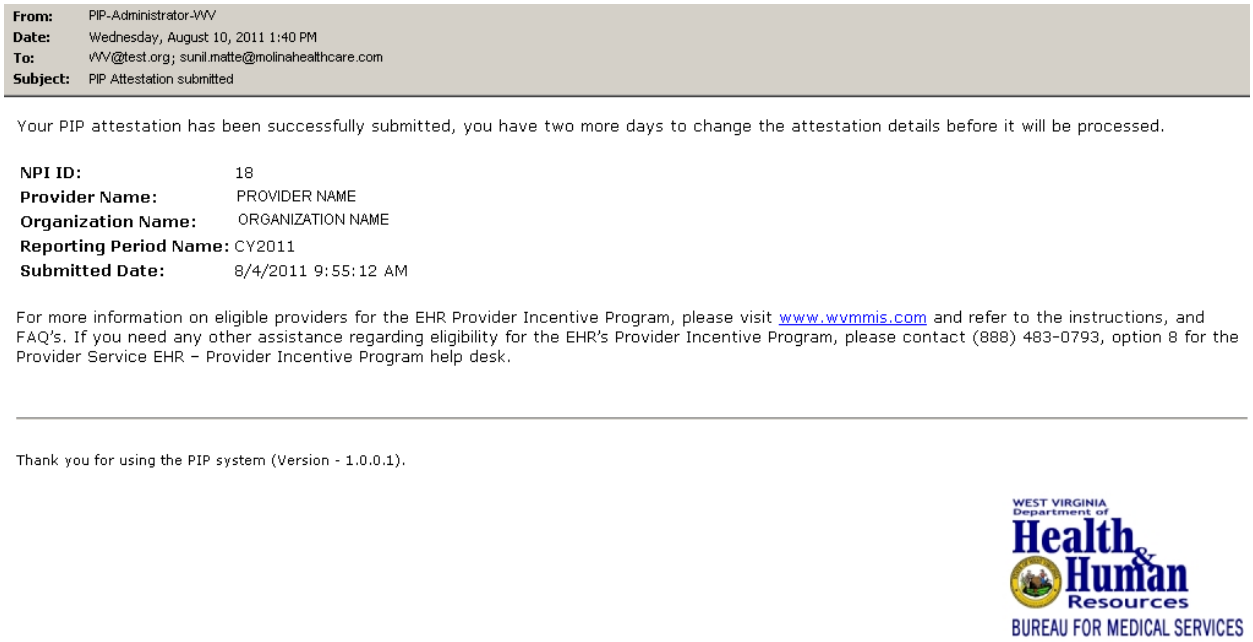
You may now log into the WV EHR system at www.wvmmis.com to download the instruction manual, provider worksheets, and frequently asked questions to document and attest that you have adopted, implemented, or upgraded a certified EHR technology system that demonstrates meaningful use. If you need any other assistance regarding how to attest, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

Thank you for using the PIP system (Version - 1.0.0.1).

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

14. Submitted Attestation Email

This email is sent after submitting the attestation. The system will wait two days to allow for user modifications. After the two days pass, the system will execute the final edits.



From: PIP-Administrator-WV
Date: Wednesday, August 10, 2011 1:40 PM
To: WV@test.org; sunil.matte@molinahealthcare.com
Subject: PIP Attestation submitted

Your PIP attestation has been successfully submitted, you have two more days to change the attestation details before it will be processed.

NPI ID:	18
Provider Name:	PROVIDER NAME
Organization Name:	ORGANIZATION NAME
Reporting Period Name:	CY2011
Submitted Date:	8/4/2011 9:55:12 AM

For more information on eligible providers for the EHR Provider Incentive Program, please visit www.wvmmis.com and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR's Provider Incentive Program, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

Thank you for using the PIP system (Version - 1.0.0.1).

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

15. Error Occurred when Processing Registration– Provider Not found Email

After the CMS registration arrives in the WV Provider Incentive Program application, validation of the provider is completed. This email occurs if the provider does not exist in the MMIS.

From: PIP-Administrator-WV
Date: Wednesday, August 10, 2011 1:44 PM
To: WV@test.org
Subject: PIP Registration Medicaid Eligibility Check Failed - Attestation not allowed

The provider whose details are listed below is not allowed to participate in the payment incentive program at the current time for the reason listed below.

NPI ID: 18.
Provider Name: PROVIDER NAME
Organization Name: ORGANIZATION NAME
Reporting Period Name: CY2011
Reason for rejection: Provider not found to participate in the WV Medicaid system

For more information on eligible providers for the EHR Provider Incentive Program, please visit www.wvmmis.com and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR's Provider Incentive Program, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

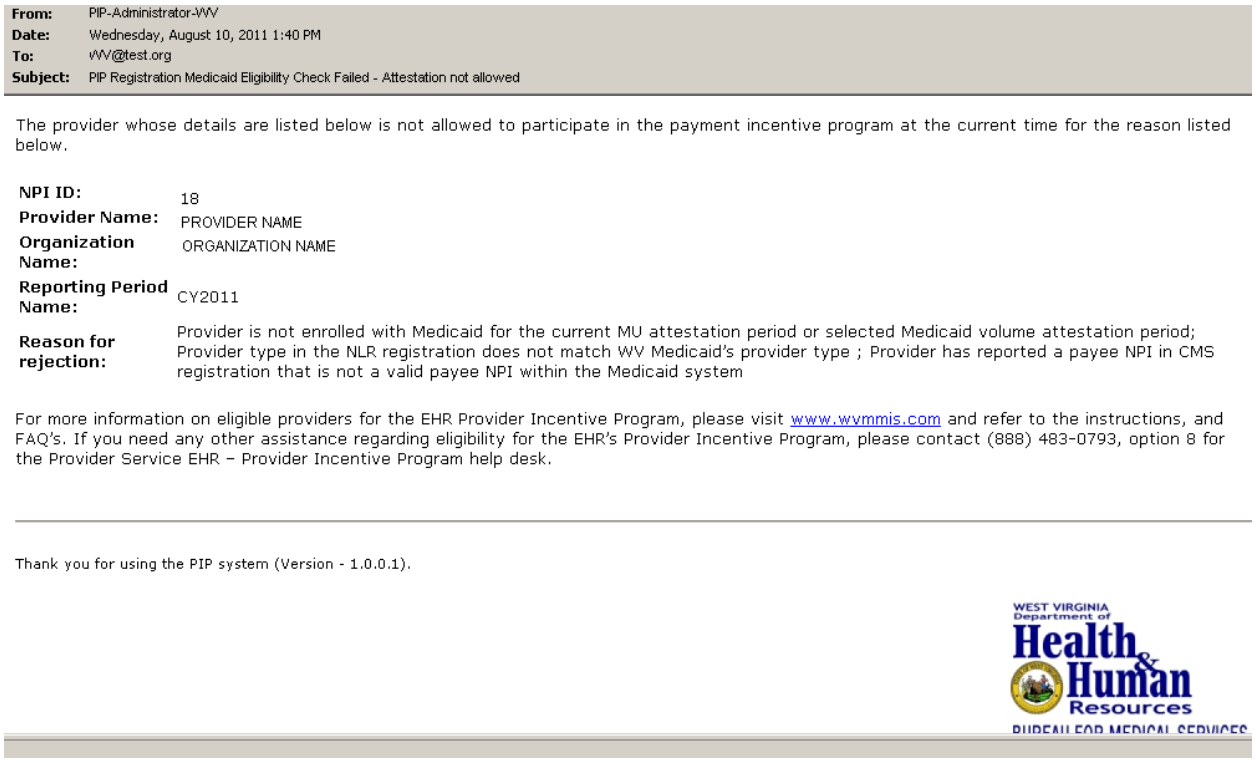
Thank you for using the PIP system (Version - 1.0.0.1).

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

16. Error Occurred While Processing Registration – Medicaid Enrollment failed Email

The following checks are made when an attestation is received from the NLR. The email below displays all the possible error messages for the following checks.

- Check if the provider is enrolled in Medicaid program during the attestation period.
- Check if the provider type that was selected when registering on the CMS site matches the provider type on the provider's enrollment record.
- Check if the payee NPI entered when registering on the CMS site is found when validating the attesting provider's payees on the Medicaid record.



From: PIP-Administrator-WV
Date: Wednesday, August 10, 2011 1:40 PM
To: WV@test.org
Subject: PIP Registration Medicaid Eligibility Check Failed - Attestation not allowed

The provider whose details are listed below is not allowed to participate in the payment incentive program at the current time for the reason listed below.

NPI ID:	18
Provider Name:	PROVIDER NAME
Organization Name:	ORGANIZATION NAME
Reporting Period Name:	CY2011
Reason for rejection:	Provider is not enrolled with Medicaid for the current MU attestation period or selected Medicaid volume attestation period; Provider type in the NLR registration does not match WV Medicaid's provider type ; Provider has reported a payee NPI in CMS registration that is not a valid payee NPI within the Medicaid system

For more information on eligible providers for the EHR Provider Incentive Program, please visit www.wvmmis.com and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR's Provider Incentive Program, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

Thank you for using the PIP system (Version - 1.0.0.1).

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

17. Attestation Error – Medicaid Claims count failed Email

The solution will check the provider's Medicaid claims that were submitted during the attestation period. If there were no claims found for the attestation period, the following email is sent.

From: PIP-Administrator-WV
Date: Wednesday, August 10, 2011 1:40 PM
To: WV@test.org; sunil.matte@molinahealthcare.com
Subject: PIP Attestation rejected

The provider whose details are listed below has been found to be not eligible for the payment incentive program due to the below reason.

NPI ID:	18
Provider Name:	PROVIDER NAME
Organization Name:	ORGANIZATION NAME
Reporting Period Name:	CY2011
Submitted Date:	8/4/2011 9:55:12 AM
Reason for rejection:	Provider has no Medicaid claims in the State's Medicaid system

For more information on eligible providers for the EHR Provider Incentive Program, please visit www.wvmmis.com and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR's Provider Incentive Program, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

Thank you for using the PIP system (Version - 1.0.0.1).

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

If the solution found that claims counts could not be validated, then the following email is sent.

From: PIP-Administrator-WV
Date: Wednesday, August 10, 2011 1:40 PM
To: WV@test.org; sunil.matte@molinahealthcare.com
Subject: PIP Attestation rejected

The provider whose details are listed below has been found to be not eligible for the payment incentive program due to the below reason.

NPI ID:	18
Provider Name:	PROVIDER NAME
Organization Name:	ORGANIZATION NAME
Reporting Period Name:	CY2011
Submitted Date:	8/4/2011 9:55:12 AM
Reason for rejection:	Medicaid FFS Encounter volume is not able to be validated by the WV EHR Provider Incentive Payment solution's FFS encounter count for the provider or their proxy within the MMIS system

For more information on eligible providers for the EHR Provider Incentive Program, please visit www.wvmmis.com and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR's Provider Incentive Program, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

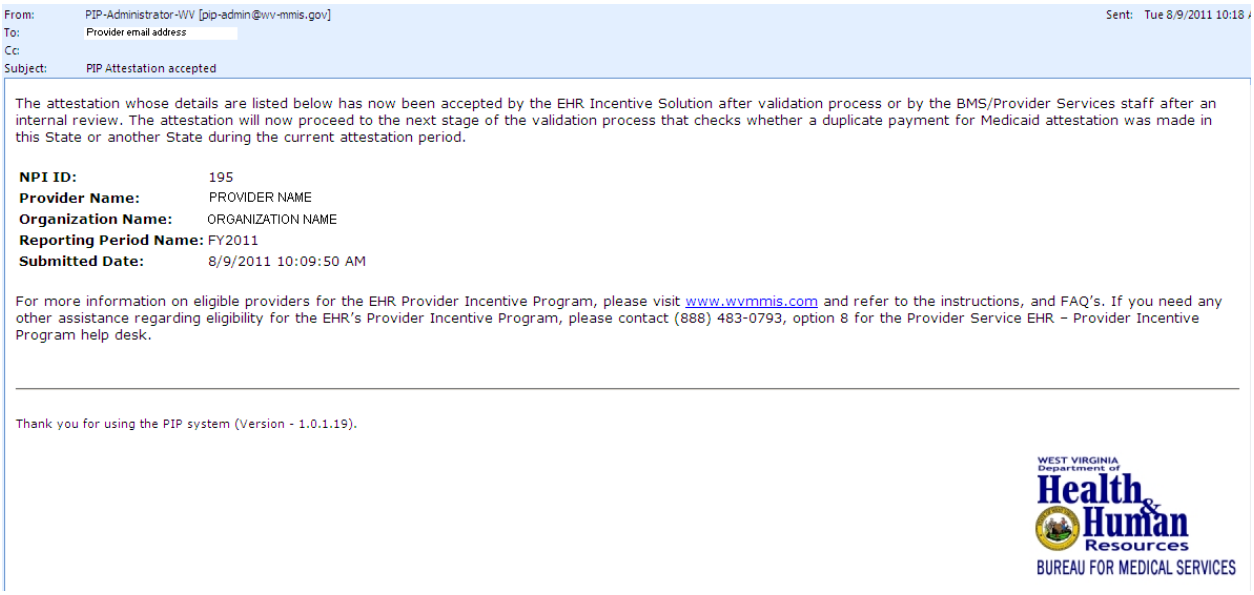
Thank you for using the PIP system (Version - 1.0.0.1).

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

18. Attestation Accepted Email

This email is sent when either one of the two scenarios occur.

- The 48 hour time span that allowed for changes has expired. The attestation is no longer accessible for changes within the application. The attestation details will be sent to the NLR to check if any payments have been made for the attesting provider.
- BMS has reviewed the failed attestation details and found that the attestation is acceptable. BMS set the status to an accepted status. The attestations details will be sent to the NLR to check if any payments have been made for the attesting provider.



From: PIP-Administrator-WV [pip-admin@wv-mmis.gov] Sent: Tue 8/9/2011 10:18 A
To: Provider email address
Cc:
Subject: PIP Attestation accepted

The attestation whose details are listed below has now been accepted by the EHR Incentive Solution after validation process or by the BMS/Provider Services staff after an internal review. The attestation will now proceed to the next stage of the validation process that checks whether a duplicate payment for Medicaid attestation was made in this State or another State during the current attestation period.

NPI ID: 195
Provider Name: PROVIDER NAME
Organization Name: ORGANIZATION NAME
Reporting Period Name: FY2011
Submitted Date: 8/9/2011 10:09:50 AM

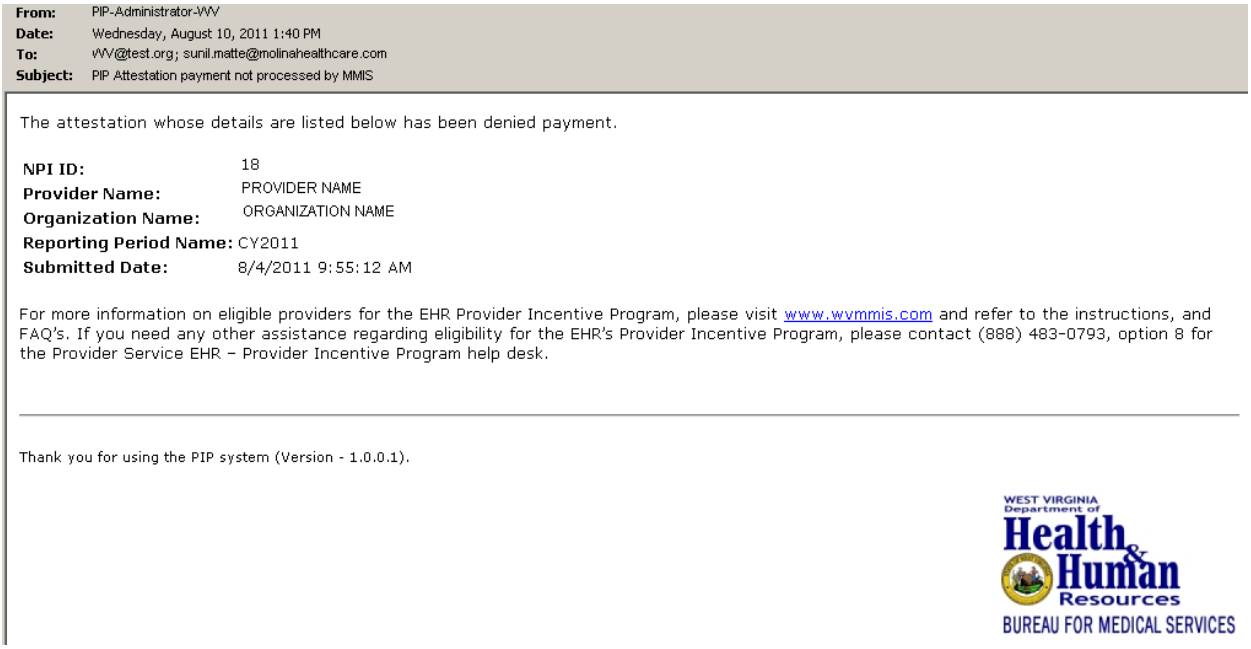
For more information on eligible providers for the EHR Provider Incentive Program, please visit www.wvmmis.com and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR's Provider Incentive Program, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

Thank you for using the PIP system (Version - 1.0.1.19).

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

19. Attestation Payment Denied Email

If final eligibility checks failed and payment issues occurred, a denial email is sent. The Medicaid Provider Services staff at 888-483-0793 may be able to address your questions.



From: PIP-Administrator-WV
Date: Wednesday, August 10, 2011 1:40 PM
To: WV@test.org; sunil.matte@molinahealthcare.com
Subject: PIP Attestation payment not processed by MMIS

The attestation whose details are listed below has been denied payment.

NPI ID: 18
Provider Name: PROVIDER NAME
Organization Name: ORGANIZATION NAME
Reporting Period Name: CY2011
Submitted Date: 8/4/2011 9:55:12 AM

For more information on eligible providers for the EHR Provider Incentive Program, please visit www.wvmmis.com and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR's Provider Incentive Program, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

Thank you for using the PIP system (Version - 1.0.0.1).

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

20. Attestation Payment Denied – Pay Hold found

Payment is denied if the provider is on pay hold and this email is sent if it is found.

From: PIP-Administrator-WV
Date: Wednesday, August 10, 2011 1:40 PM
To: WV@test.org; sunil.matte@molinahealthcare.com
Subject: PIP Attestation rejected

The provider whose details are listed below has been found to be not eligible for the payment incentive program due to the below reason.

NPI ID:	1851304364
Provider Name:	Frank Matthew Abraham
Organization Name:	
Reporting Period Name:	CY2011
Submitted Date:	8/4/2011 9:55:12 AM
Reason for rejection:	Provider is on a pay hold and not eligible for payment at this time

For more information on eligible providers for the EHR Provider Incentive Program, please visit www.wvmmis.com and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR's Provider Incentive Program, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

Thank you for using the PIP system (Version - 1.0.0.1).

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

21. Attestation Paid Email

If the final eligibility checks pass and no payment issues occurred, an email indicating that your payment is approved and being processed is sent. The payment processing will continue with additional processing. Payments will be sent after this processing. This could take several days.

From: PIP-Administrator-WV
Date: Wednesday, August 10, 2011 1:40 PM
To: WV@test.org; sunil.matte@molinahealthcare.com
Subject: Your WV EHR Incentive payment has been created - Attestation Paid

The attestation whose details are listed below has been paid.

NPI ID:	18
Provider Name:	PROVIDER NAME
Organization Name:	ORGANIZATION NAME
Reporting Period Name:	CY2011
Attestation Submitted Date:	8/4/2011 9:55:12 AM
Amount Paid:	0.0000
Payment Date:	

For more information on payment or eligibility for the EHR Provider Incentive Program, please visit www.wvmmis.com and refer to the instructions, and FAQ's. If you need any other assistance regarding payment or eligibility for the EHR's Provider Incentive Program, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

Thank you for using the PIP system (Version - 1.0.0.1).

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

22. Attestation Excluded from Payment Email

This email indicates that CMS has already has a payment on record from your Medicaid payment. For concerns and questions, please contact the CMS NLR. The Medicaid Provider Services staff will not be able to assist in this instance.

From: PIP-Administrator-WV
Date: Wednesday, August 10, 2011 1:40 PM
To: WV@test.org; sunil.matte@molinahealthcare.com
Subject: PIP Attestation excluded from payment

The attestation whose details are listed below has been excluded from payment by CMS due to a record of duplicate payment for Medicaid attestation in this State or another State during the current attestation period. If you think your payment is not duplicated at the national level, please work with the NLR to resolve.

NPI ID:	18
Provider Name:	PROVIDER NAME
Organization Name:	ORGANIZATION NAME
Reporting Period Name:	CY2011
Attestation Submitted Date:	8/4/2011 9:55:12 AM

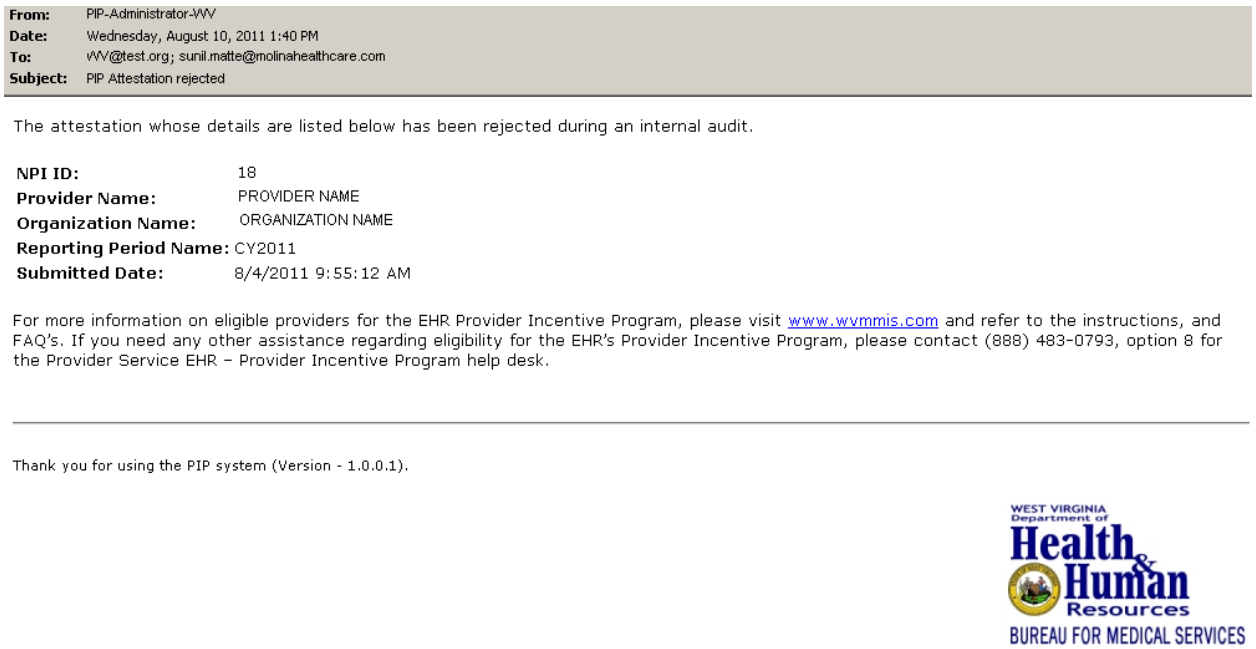
For more information on eligible providers for the EHR Provider Incentive Program, please visit www.wvmmis.com and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR's Provider Incentive Program, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

Thank you for using the PIP system (Version - 1.0.0.1).

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

23. Attestation Rejected Email

WV Medicaid and WV Medicaid Provider Services staff has the ability to review attestation and reject a submitted attestation. When the attestation is rejected, a rejection email is sent. To find out more information, please contact the Medicaid Provider Services staff at 888-483-0793, Option 8.



From: PIP-Administrator-WV
Date: Wednesday, August 10, 2011 1:40 PM
To: WV@test.org; sunil.matte@molinahealthcare.com
Subject: PIP Attestation rejected

The attestation whose details are listed below has been rejected during an internal audit.

NPI ID:	18
Provider Name:	PROVIDER NAME
Organization Name:	ORGANIZATION NAME
Reporting Period Name:	CY2011
Submitted Date:	8/4/2011 9:55:12 AM

For more information on eligible providers for the EHR Provider Incentive Program, please visit www.wvmmis.com and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR's Provider Incentive Program, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

Thank you for using the PIP system (Version - 1.0.0.1).

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES